Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continuous program participation.

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Event ID:520X11

Facility ID: VA0002

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PRINTED: 03/16/2017 FORM APPROVED OMB NO. 0938-0391

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NAME OF PR	DVIDEO OO CURRUIEO	405250	B. WING			
	DVIDER OR SUPPLIER	495358		STREET ACORESS, CITY, STATE, ZIP CODE	02/2	28/2017
AMELIA N	JRSING CENTER	CORRECTED COPY	8	830 VIRGINIA STREET AMELIA, VA 23002		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI OEFICIENCY)		(X6] COMPLETION DATE
	Continued From page a need to discontinue treatment due to adve commence a new form	an existing form of erse consequences, or to n of treatment); or	F 157	The Unit Manager will audit all we and falls to assure that the responsit parties and physicians have been no All nursing staff will be inserviced the DON/ADON on notification of fan	ole tified. by	03/22/17
	resident from the facili §483.15(c)(1)(ii). (ii) When making notif (14)(i) of this section, all pertinent informatic is available and provid			and physician for accidents/incidents change in condition, change of any otransfer or discharge. Nursing staff walso be inserviced on the need to document the notifications in the resimedical record. 4. Incidents/accidents and weights as	rders vill dents	
	physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-			received weekly in risk management notification of RP and MD will be part of the review process in risk manage. The QA committee will monitor this processes quartertly.	rt	03/22/17
I	(A) A change in room as specified in §483.1	or roommate assignment 0(e)(6); or				
		ent rights under Federal or ns as specified in paragraph				
	This REQUIREMENT by: Based on staff intervious and clinical record revithe facility staff failed to and/or responsible paracondition for two of 26 sample, Residents #75	resident representative(s). is not met as evidenced ew, facility document review iew, it was determined that to notify the physician rty of a change in resident residents in the survey				

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<u>CENTER</u>	S FOR MEDICARE &	MEDICAID SERVICES					D. 0938-0391
	DF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER;	1		CONSTRUCTION	(X3) OATE	SURVEY
		495358	B. WING			Ī	C (20/2047
NAME OF PR	ROVIOER OR SUPPLIER			ST	TREET ACORESS, CITY, STATE, ZIP COOE	1 02	/28/2017
					330 VIRGINIA STREET		
AMELIA N	URSING CENTER	CORRECTED COPY		ł	MELIA, VA 23002		
(X4) IO	SUMMARY STA	ATEMENT OF OEFICIENCIES	IO		PROVIOER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	PREF	- 1	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCEO TO THE APPROPR OEFICIENCY)	3E	COMPLETION OATE
F 157	Continued From page	2	F	157			
	significant weight gair	noted in December 2016.					
		led to notify Resident #3's sponsible party) following 4/21/16 and 7/27/16.					
	The findings include:						
	physician and respons	ed to notify Resident #7's sible party of the resident's noted in December 2016.					
	Resident #7's diagnos limited to: dementia w Parkinson's disease (2 disorder and history or most recent MDS (mir assessment with an A date) of 12/24/16, cod severely cognitively im of a possible 15 on the status. Section K codweight gain of 5% or m 10% or more in the last documented the reside prescribed weight gain	d to the facility on 6/18/15. es included but were not ith lewy bodies (1), 2), generalized anxiety f falling. Resident #7's nimum data set), a quarterly RD (assessment reference ed the resident as being apaired, scoring a three out e brief interview for mental ed the resident as having a more in the last month or ot six months. The MDS ent was not on a physician a regimen.					
	weight report that doc weighed 160.7 pounds	's clinical record revealed a umented the resident on 6/6/16 and weighed 16 (a 12.9% weight gain in					
İ	12/19/16 documented,	d by the dietary manager on "Quarterly Review- 85#(pounds) > (Greater					

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than) 10% (percent) since last review. Diet

DEPARTMENT OF HEALTH AND HUMAN (

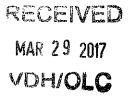
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AMELIA	IONSING CENTER	CORRECTED COFT		A	MELJA, VA 23002		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		IX5) COMPLETION OATE
F 157	meals in assisted dinimeals with typical intacontinues to bring in resident milk shakes or Not able to communicanticipates them. Far No recommendations A weight change note dietician on 12/29/16 accepting 75%-100% as received on a mech problems indicated. For (weight) of 185 # indicated to 185 #	speech language nical soft (chopped). ure well. Receives all ng room. Fed by staff all lke of 75-100%. Family ncdonald's but offers due to current diet texture. ate needs so staff nily very involved with care. needed at this time." signed by the registered documented, "Resident of meals as fed by self and nanical soft diet with no resident with a new wt rating wt gain of 24 # past 6 dicatedSuspect wt gain r/t No new recommendations ary notes and nurses' notes entation that Resident #7's ole party was made aware icant weight gain. an., an interview was other staff member) #4 (the M #4 stated typically the I review residents for write a note reflecting those ed the unit managers were ng the physician and sidents' weight gains.	F	157			

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was asked about the process followed by staff for notifying the physician and responsible party in

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VICES

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DEPART	MENT OF HEALTH AN	ID HUMAN (/ICES		(P	RINTED: 03/16/2017
		MEDICAID SERVICES		·		FORM APPROVED
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		MB NO. 0938-0391 (3) DATE SURVEY COMPLETED
		495358	B. WING_		Š	C
NAME OF PI	ROVIDER OR SUPPLIER	L		STREET ADDRESS, CITY, STATE, ZIP CO)DE	02/28/2017
			İ	8830 VIRGINIA STREET	DOE	
AMELIA N	URSING CENTER	CORRECTED COPY		AMELIA, VA 23002		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX T A G	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	IX5) COMPLETION DATE
F 157	Continued From page	4	F 1	57		-
	, -	significant weight gain. RN	' '	31		
	#5 stated if a resident	had congestive heart		ļ.		
	failure then she would					
	according to paramete	ers per physician's orders.				
	RN #5 stated she nev	•				
		generalized weight gain				
		she had only notified the				
		nt gain related to cardiac welling). RN #5 was asked				
		on. RN #5 stated she would				
		sident's family in passing.				
	RN #5 stated Residen	. , .				
		ent and wants the resident		ļ		
	to be happy. RN #5 s					
		s physician or responsible				
Ì		sident's significant weight				
	gain noted in Decemb	er 2016.				
	On 2/27/17 at 5:50 p.r	n., ASM (administrative				
		administrator) and ASM #2				
		g) were made aware of the				
	above findings.					
	On 2/28/17 at 7:45 a.n	n., an interview was				
	conducted with RN #7	; regarding what				
	circumstances she wo	uld notify a resident's				
		ible party. RN #7 stated				
I		nysician and responsible				
	party regarding falls, s					
		d any significant changes.				
		uld notify the physician and				
	responsible party rega significant weight gain,					
		e computer system and				
	then the weights were					

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management meetings.

The facility document titled, "Protocol for Notifying Physician and Responsible Party" documented,

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		495358	B, WING			C		
	PROVIDER OR SUPPLIER	CORRECTED COPY		STREET ADDRESS, CITY, STATE, ZIP CO 8830 VIRGINIA STREET AMELIA, VA 23002	DE	02/28/2017		
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F 157	"1. The MD (medical party) are to be notificed of a resident. 3. Docume should be in the resi investigative reports (3:00 p.m. to 11:00 p supervisor (if availab parties with the new basis. 5. The MD ar incident involving a rafter the incident occ documented in the resion of the parties with the new basis. 5. The MD ar incident involving a rafter the incident occ documented in the resion of the incident occ documented in the resion of the parties with the loss enough to affect nor relationships. Lewy abnormal structures, in areas of the brain. obtained from the we https://medlineplus.g	idoctor) and RP (responsible ied with any change in of orders. 2. The MD and RP any incident that involves the entation of this notification dent chart or in any for incidents. 4. The 3-11 p.m.) shift charge nurse or only will call all responsible orders written on a daily and RP will be notified of any esident as soon as possible curs. This must be esident record" In was presented prior to exit. The se is one of the most elementia in the elderly, of mental functions severe mal activities and body disease happens when called Lewy bodies, build up and the control of the most elementia in the elderly of mental functions severe mal activities and body disease happens when called Lewy bodies, build up and the control of the most elementia in the elderly. This information was element of the most element of the mos	F 18	57				

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Event ID: 520X tt

Facility ID: VA0002

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DEPARTMENT OF HEALTH AND HUMAN (ICES			(ED: 03/16/2017 RMAPPROVED	
CENTER	S FOR MEDICARE &	MEDICAID SERVICES		,		IO. 0938-0391
STATEMENT (OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATI	E SURVEY MPLETED
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NAME OF P	PROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	2/28/2017
	NURSING CENTER	CORRECTED COPY	883	30 VIRGINIA STREET MELIA, VA 23002		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	SHOULD BE	(X5) COMPLETION OATE
F 157	Continued From page falls that occurred on		F 157			
	with a readmission on that included, but wer craniotomy (1) (the subone from the skull to blood pressure, aphas glaucoma (a disease blindness), heart diseabrain injury, and difficult Resident #3's most reset) was a quarterly a (assessment references Resident #3 was code complete the Section (brief interview for mewas coded by staff as	urgical removal of part of the processe the brain), high asia (difficulty with talking), of the eye causing ease, agitation, a traumatic culty swallowing. ecent MDS (minimum data assessment with an ARD ce date) of 1/27/17.				
	dependent of two peons A review of Resident in part, a facility Neuron 4/21/16 at 0000 (m documented that Reside/21/16 at 0000 (midn 0500 (5:00 a.m.), 0900 p.m.) and 1700 (5:00 p.consciousness, mover	#3's clinical record revealed, ological Flow Sheet initiated nidnight). The flow sheet ident #3 was assessed on night), 0100 (1:00 a.m.), 100 (9:00 a.m.), 1300 (1:00 p.m.) for level of ement, hand grasps, pupil ift), speech, blood pressure,				

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Further review of Resident #3's clinical record did not reveal any documentation as to why the Neurological Flow Sheet had been initiated and did not reveal any documentation that the medical doctor (MD) or Resident #3's RP had been notified of the need to perform the Neurological

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DEPARTMENT OF HEALTH AND HUMAN .VICES CENTERS FOR MEDICARE & MEDICAID SLRVICES

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495358	B. WING		C
	ROVIDER OR SUPPLIER	CORRECTED COPY	STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA, VA 23002		02/28/2017
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIOER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULO E CROSS-REFERENCEO TO THE APPROPRI DEFICIENCY)	
F 157	revealed, in part, the "7/27/2016. 10:18 F earlier and neuro (n completed every ho conscious, all extrer strong, PERRLA (pureactive to light and clear, and vitals nor LPN (licensed practi Further review of Re failed to reveal any de- and been notified th head and was requir performed. On 2/22/17 at appro- interview was condu- staff member) #2, th #2 was asked what s falls. ASM #2 stated to the MD and RP at completed." ASM # documentation for R 4/21/16 and 7/27/16 On 2/27/17 at appro- interview was condu- practical nurse) #8. her progress note de-	t #3's nursing progress notes e following documentation; PM. Resident had hit head eurological) checks are being ur. Resident is stable; fully mities moving, hand grasps upils equal, round, and accommodation), speech mal." Signed electronically by cal nurse) #8. Psident #3's clinical record documentation how Resident addition the clinical record did mentation that the MD or RP at Resident #3 had hit his ring "neuro checks" to be Eximately 5:00 p.m. an anoted with ASM (administrative e director of nursing. ASM should happen if a resident did an incident report 2 was asked to provide any esident #3's incidents dated with LPN (licensed LPN #8 was asked to review ated 7/27/16 and to explain	F 157		
	head. LPN #8 state further stated that sh	or Resident #3 to have hit his d that he had fallen. LPN #8 ne had initiated the neuro ssessment on the resident			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		(X3) DA	(X3) DATE SURVEY COMPLETED		
			A. Bulcoi		<u></u>		C	
		495358	B. WING			١ ،	2/28/2017	
	ROVIDER OR SUPPLIER IURSING CENTER	CORRECTED COPY		883	EET ADDRESS, CITY, STATE, ZIP CODE 0 VIRGINIA STREET ELIA, VA 23002	<u> </u>	L, LOI LO	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 157	the MD or RP had be unable to state that incident.	#8 was asked whether or not een notified. LPN #8 was they had been notified of the	F	157				
	conducted with ASM ASM #2 was asked it regarding any incide 4/21/16 and 7/27/16	o.m. an interview was #2, the director of nursing. f she had any information nts with Resident #3 dated . ASM #2 stated that she becumentation about any						
	meeting was conducted administrator, ASM # LPN #2, the north wistaff member) #4, the business manager of maintenance. The	e.m. an end of the day ted with ASM #1, the #2, the director of nursing, ng unit manager, OSM (other e dietary manager, OSM #7, er and OSM #1, the director e administrative staff was oncern and a policy on MD / equested.						
	north unit. LPN #3 w process staff follower facility fell or had a cl stated, "I assess the resident, call the MD	#3, a charge nurse on the vas asked to describe the d when a resident in the hange in condition. LPN #3 situation, assess the and the RP." LPN #3 was						
	#3 stated that she we progress notes what had notified the MD a On 2/28/17 at 11:25 a	she had done and that she and RP. a.m. an interview was						
	caring for Resident#	with LPN #10, the nurse 3 on 4/21/16. LPN #10 was						

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PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN :VICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ C 495358 B. WING. 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) F 157 Continued From page 9 F 157 resident in the facility fell or had a change in condition. LPN #10 stated, "I would write a note, do an incident report (if necessary), and notify the MD and RP." LPN #10 was asked if she remembered Resident #3 having a fall on 4/21/16. LPN #10 stated that she did not remember anything about him (Resident #3) falling. LPN #10 was asked what circumstances she would initiate and a Neurological Flow Sheet, LPN #10 stated "for a fall." LPN #10 was asked if she would document her actions. LPN #10 stated that she would document in the progress notes what had happened and that she had notified the MD and RP. A review of the facility document titled "Protocol for Notifying Physician and Responsible Party" revealed, in part, the following documentation; "1. The MD and RP are to be notified with any change in condition or change of orders. 2. The MD and RP are to be notified of any incident that involves the resident. 3. Documentation of this notification should be in the resident chart or in any investigative reports for incidents. 5. The MD and RP will be notified of any incident involving a resident as soon as possible after the incident occurs. This must be documented in the resident record." No further information was requested prior to the

following website;

end of the survey process.

(1) This information was obtained from the

http://www.hopkinsmedicine.org/healthlibrary/_procedures/neurological/craniotomy 92,p08767/

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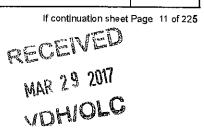
FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495358	B. WING_			ŀ	C /28/20 17
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>	<u> </u>		EET ADDRESS, CITY, STATE, ZIP CODE	1021	28/201/
AMELIA N	IURSING CENTER	CORRECTED COPY		8830 VIRGINIA STREET AMELIA, VA 23002			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	;	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	\$483.10(e) Respect a The resident has a rig and dignity, including: §483.10(e)(1) The rig! physical or chemical r purposes of discipline required to treat the re consistent with §483.12(a)(2). 42 CFR §482.12, 483 The resident has the r neglect, misappropriat and exploitation as de includes but is not limi corporal punishment, any physical or chemi treat the resident's syr (a) The facility must- (1) Ensure that the res or chemical restraints discipline or convenier required to treat the re symptoms. When the indicated, the facility m alternative for the leas document ongoing re- restraints. This REQUIREMENT by: Based on observation	a)(2) RIGHT TO BE FREE STRAINTS Ind Dignity. In to be treated with respect that to be free from any estraints imposed for or convenience, and not esident's medical symptoms, In (2) ight to be free from abuse, since of resident property, fined in this subpart. This sted to freedom from involuntary seclusion and cal restraint not required to imposed for purposes of ince and that are not esident's medical use of restraints is in ust use the least restrictive to amount of time and evaluation of the need for its not met as evidenced, staff interview, facility clinical record review, it	F 2	221 1 h e f f e f f e f f e f f	1. A plan for an attempt to remove so celt from resident #7. Unit Manager wassess resident #7 for his continued for a seat belt. The seat belt will be rand resident monitored by nursing stafety while up in wheelchair. Reside will be reassessed for the appropriat interventions if he experiences any in the future while up in wheelchair. 2. At this time there are zero resident estraints in use. 3. The nursing staff will be inserviced both or designee on policy and procestor restraint use to include the imported minimation as the goal. 4. Weekly risk management will revise estraint orders and Interdisciplinary will work towards elimination. The Quantities will monitor quarterly.	will need emoved taff for ent #7 e ncidents ts with d by the eedure tance of ew any team	03/22/17 03/29/17

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Facility ID: VA0002



PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN¹ FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF OFFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) OATE SURVEY ANO PLAN OF CORRECTION IOENTIFICATION NUMBER: COMPLETEO A. BUILOING С 495358 B. WNG 02/28/2017 NAME OF PROVIOER OR SUPPLIER STREET ACORESS, CITY, STATE, ZIP COOE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) IO PROVIDER'S PLAN OF CORRECTION IX5) COMPLETION OATE (EACH OEFICIENCY MUST BE PRECEOEO BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IOENTIFYING INFORMATION) CROSS-REFERENCEO TO THE APPROPRIATE TAG OEFICIENCY) F 221 Continued From page 11 F 221 ensure residents were free from restraints for one of 26 residents in the survey sample, Resident The facility staff failed to attempt a restraint elimination and/or reduction for Resident #7's wheelchair seatbelt although the resident was deemed a good candidate on November 2016 and February 2017 "physical restraint elimination evaluations". The findings include: Resident #7 was admitted to the facility on 6/23/14 and readmitted to the facility on 6/18/15. Resident #7's diagnoses included but were not limited to: dementia with lewy bodies (1), Parkinson's disease (2), generalized anxiety disorder and history of falling. Resident #7's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 12/24/16, coded the resident as being severely cognitively impaired, scoring a three out of a possible 15 on the brief interview for mental status. Section P documented Resident #7 utilized a trunk restraint daily.

Review of Resident #7's clinical record and fall investigations revealed the resident sustained three falls since the last standard survey (3/10/16) (two falls out of bed and one fall while

Further review of Resident #7's clinical record revealed a physician's order summary signed by the physician on 1/13/17 that documented an order dated 11/3/15 for "Self releasing seat belt."

out of the facility with family).

PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN **VICES** FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 221 Continued From page 12 F 221 Special Instructions: self releasing seatbelt when in w/c (wheelchair) Every Shift..." The summary also documented an order dated 11/18/15 to "Check and release seat belt for safety, routinely, all shifts..." Resident #7's comprehensive care plan with a problem start date of 9/28/16 documented, "HIGH FALL RISK R/T (related to) CONFUSION; COMBATIVE BEHAVIOR; INCREASED ANXIETY; PSYCHOTROPIC MEDS (medications); VISION LOSS; SEVERAL FALLS SINCE ADMIT; RESIDENT TRIES TO GET OUT OF HIGH BACK W/C (wheelchair) DURING EPISODES OF ANXIETY; REACHES FOR OBJECTS/PERSONS CAUSING TO LEAN FORWARD; (sic) ORDER FOR SELF RELEASE SEATBELT WHEN UP IN W/C (RESTRAINT CONSENT SIGNED D/T (due to) RESIDENT NOT ALWAYS ABLE TO RELEASE ON COMMAND)...Approach: MONITOR RESIDENT CLOSELY WHILE UP IN HIGHBACK W/C WITH SELF RELEASE SB (seatbelt); IF RESIDENT SEEMS ANXIOUS/RESTLESS PUT HIM TO BED..." The care plan failed to document information regarding elimination and/or reduction of the seatbelt. Resident #7's physical therapy progress notes for dates of service from 8/30/16 through 9/12/16

failed to document information regarding restraint

Resident #7's physical restraint elimination evaluations dated 11/18/16 and 2/15/17 documented, "INSTRUCTIONS: Restraint use requires review on an ongoing basis to determine if a less restrictive or total elimination of restraint use is deemed appropriate. For each category.

elimination and/or reduction.

DEPARTMENT OF HEALTH AND HUMAN VICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 221	number that best de Total the column of candidate status an elimination. Continue the reverse side of fine following catego correlating scores: Ambulation: wheeled score of two Weight Bearing/Transbearing/assist of one Bed Mobility: No category documented Sitting Balance: lear backward- a score of ADLs (activities of digrooming): requires three Physical Limitations: three Vision Status: adequiglasses- a score of 20 Orientation: disorien score of two Comprehension: directly Participation participate- a score of Behavior/Mood: company: antipsychotics (3)- a Medication Therapy: antidepressants (4)-	nen circle the corresponding escribes his/her current status. numbers to determine direstraint use reduction or use evaluation and review on orm." The form documented ries of evaluation and hair mobile with assist- a insfers: partial weight after transfer- a score of one regory or score was inside to a side, forward, of three aily living) (Bathing, dressing, total assist of two- a score of the with glasses/without zero ted times two spheres- a rections must be frequently one abative/severely agitated- a unable to actively of two currently taking score of five currently taking a score of five oth evaluations was not	F	221			
		form; however, calculation of ed 30 for both evaluations.					

CLIVILE	CO FOR WIEDICARE	WEDICAID SERVICES			(<u>DMB NO. 0938-03</u> 91		
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
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F 221	35 indicated the resistor restraint reduction. The reverse side of "1. Candidate status SCORE on reverse, beside the options of None of the boxes w"2. Candidate for resprogram?" Check both options of "Yes" and were checked. "Plan of Care Update located beside the of None of the boxes wilf Yes (the resident restraint reduction of program to start (no "Restraint consent sillocated beside the of None of the boxes willocated beside the of None of the boxe	m, a score between 21 and ident was a good candidate in and/or elimination. the form documented: as determined by TOTAL " Check boxes were located of "Priority" "Good" and "Poor." were checked. straint reduction or elimination oxes were located beside the I"No." None of the boxes ed." Check boxes were ptions of "Yes" and "No." were checked. was a candidate for a relimination program); Date date documented)." igned?" Check boxes were ptions of "Yes" and "No."	F	221				
	on 2/22/17 at 8:47 a observed being wheelchair into the d	.m., Resident #7 was eled in a high back lining room. The resident's						
	seatbelt was not visil	ble due to his shirt covering						

the area.

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		,	,,,,,		DEFICIENCY)	712	
							
F 221	Continued From pag	e 15		221			
			'				
	On 2/22/17 at 4:50 p.	.m., an interview was					
	r ·	(certified nursing assistant)					j l
	#3. CNA#3 was ask	ed if Resident #7 could					
	remove his seatbelt.	CNA #3 stated this					i
	depended on the resi						
		and sometimes he could not.					
		eleases the resident's					
		ours. When asked if facility					
		oted a reduction regarding					
	,	It, CNA #3 stated she wasn't					[
	aware if a reduction h	nad been attempted.					
	On 2/27/17 at 1:05 p.	m Resident #7 was					
	observed being whee						•
		dent's seat belt was secure.					
	On 2/27/17 at 2:20 p.	m., an interview was					
		(other staff member) #2 (an					
		it). OSM #2 was asked if the					
	therapy department h						
	_	#7's need for a restraint.]
	OSM #2 stated the re					ļ	
	addressed "per se" b	ut the resident had ted at' for positioning. When					
		#7 had a seatbelt, OSM #2					
	•	en (worked with) the resident				ĺ	
		knew the physical therapist					
		resident. No occupational	İ				
		resent in Resident #7's					
		M #2 was asked to review		ļ			
	Resident #7's physica	al therapy notes and show				1	
	-	erapist had addressed the				,	
	resident's seatbelt. C			ļ		ļ	
		al therapy progress report					
	with dates of service t						
	9/12/16 that documer						
	Caregiver Training: P	-					
	educated on proper p	osture proper mobility	1				1 1

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 520X11

Facility ID: VA0002

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	mobility and enhance #2 stated the stateme didn't specifically addrasked if restraint elimi attempts should be may would rather try an an increased friction and resident with a seatbethe seatbelt (Note- Repommel cushion in the order). On 2/27/17 at 3:44 p.m. conducted with RN (remanager). RN #5 stat seatbelt was initiated assessment to see if the release the belt by him resident was not able to complete a restraint as physician, and receive RN #5 stated each quarestraint elimination as seatbelt is still needed removed. RN #5 state therapy staff when a reconfirmed she had not	r gait to improve functional safety awareness." OSM nt was more general and ress the seatbelt. When nation or reduction ade, OSM #2 stated he ti-thrust cushion that if he came across a lt then he would evaluate sident #7 did have a wheelchair per physician's exhelen he welchair per physician's en., an interview was gistered nurse) #5 (unit ed when Resident #7's she had to complete an he resident was able to iself. RN #5 stated the to do so, so she had to esessment, notify the consent from the family, arter she completes sessments to see if the or if the seatbelt can be do she usually involves the estraint is initiated but involved the therapy staff RN #7 stated she also	F2	221	OLI MILNOT)		
		gnoses have improved, e same. RN #5 was asked					

quarterly restraint elimination assessment. RN #5 stated she reads each section of the form to see which areas relate to the resident then she adds the score. When asked how she utilizes the

score, RN #5 stated she utilizes the

DEPART	MENT OF HEALTH AN	D HUMAN :VICES		(): 03/16/2017 1APPROVED
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F 221	can be eliminated but restraint if it's not safe what should be done it resident is a good car elimination, RN #5 statestraint but will leave resident continues to a chose to leave Resided due to falls. When as attempted a trial reduct resident's seat belt for see how the resident in that thought had come something good to kee On 2/27/17 at 5:50 p.r. staff member) #1 (the (the director of nursing above findings. On 2/28/17 at 7:45 a.r. conducted with RN #7 interpret Resident #7's stated she couldn't sagwas released every two didn't state that but indeprovided every two hobe released in order to On 2/28/17 at 8:28 a.n. conducted with LPN (lical nurse who routinely	in if she feels the restraint she doesn't remove the to do so. When asked if the score indicates the indidate for restraint inted she may remove the the restraint in place if the fall. RN #5 stated she ent #7's seatbelt in place ked why she hadn't cition such as releasing the various periods of time to responded, RN #5 stated to her mind and was ep in mind for the future. In., ASM (administrative administrator) and ASM #2 g) were made aware of the seatbelt order. RN #7 y the resident's seatbelt wo hours because the order continence care has to be urs and the seatbelt must of do so. In., an interview was idensed practical nurse) #8 cared for Resident #7), resident was unable to	F 22	21			

interpret Resident #7's seatbelt order. LPN #8 stated as far as she knew, the resident was put in his wheelchair and removed from his wheelchair several times a shift including when incontinence

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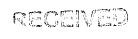
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	Side Rails]" docume resident has the rigior chemical restrain discipline or conventreat the resident's in Federal Regulations standards of practic for restraints except Therefore, medical sthe use of restraints comprehensive assist For those residents need for restraints [in type of technique and/or in restraint is used]4 reduction/elimination for residents who re treat a medical symposity with the MDS/Care is anyone with a restraint to change restraint to change restraint the interdisciplinary as appropriate. The demonstrate residents	led, "Restraints [including ented, "PURPOSE: The ht to be free from any physical ts imposed for purposes of ience, and not required to medical symptoms [Code of s: 483.13 (a)]. Professional e have eliminated the need under limited circumstances. symptoms that would warrant must be reflected in the essment and care planning. whose care plans indicate the to treat medical symptoms] will engage in a systematic and ward reducing the use of restrictive device or length of time that the engage in the engage of the engage	F2	221	Υ)	
	and alternatives. If t reduced/eliminated t demonstrate continu	entential reduction/elimination he restraint cannot be he clinical record will led observation of the lind or/behavior that the leating"				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:520X11

Facility ID: VA0002

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DEPARTMENT OF HEALTH AND HUMAN ?VICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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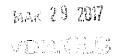
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F 221	(1) "Lewy body dises common causes of Dementia is the loss enough to affect no relationships. Lewy abnormal structures in areas of the brain obtained from the whttps://medlineplus. (2) "Parkinson's dise movement disorder in the brain don't prochemical called dop was obtained from the https://wsearch.nlm. meta?v%3Aproject-medlineplus-bundle (3) "Antipsychotic medlineplus-bundle (3) "Antipsychotic medlineplus-bundle (3) "Antipsychotic medlineplus-bundle (3) "Antipsychotic medlineplus-bundle (4) "Antidepressants obtained from the whitps://www.nimh.nii.alth-medications/inc. (4) "Antidepressants depression" This from the website: https://wsearch.nlm.imeta?v%3Aproject=	on was presented prior to exit. case is one of the most dementia in the elderly. So of mental functions severe rmal activities and rebody disease happens when so, called Lewy bodies, build up a" This information was rebsite: gov/lewybodydisease.html case (PD) is a type of lt happens when nerve cells oduce enough of a brain amine" This information he website: nih.gov/vivisimo/cgi-bin/query-rmedlineplus&v%3Asources= &query=parkinson%27s+ dedicines (also known as marily used to manage do "psychosis" is used to that affect the mind, and in the some loss of contact with ang delusions (false, fixed cions (hearing or seeing things ere)" This information was ebsite: n.gov/health/topics/mental-he	F 221			

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Event ID:520X11

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PR)NTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN (FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA [X2] MULTIPLE CONSTRUCTION IX3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ 495358 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES [X4) ID PROVIDER'S PLAN OF CORRECTION JEACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX JEACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 252 483.10(e)(2)(i)(1)(i)(ii) F 252 SS=E SAFE/CLEAN/COMFORTABLE/HOMELIKE 1. All whirlpool rooms have been thoroughly 03/1/17 cleaned by housekeeping. The shower **ENVIRONMENT** C.N.A's have been instructed on maintaining a tidy clean environment at all times while (e)(2) The right to retain and use personal bathing residents and when all baths are possessions, including furnishings, and clothing, complete. as space permits, unless to do so would infringe 2. The Unit Manager or designee will inspect upon the rights or health and safety of other the shower rooms on both units periodically 03/22/17 residents. during the day and at the end of the bathing day. A flowsheet will be used to document shower room checks. (i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or 3. C.N.A's will be inserviced by ADON on her personal belongings to the extent possible. 03/22/17 the importance of maintaining a clean enviorment for residents. The enviornmental director will instruct his staff on the times to (i) This includes ensuring that the resident can pick up laundry and trash barrels from the receive care and services safely and that the units to prevent ordors and maintain a physical layout of the facility maximizes resident clean order-free environment. The environmental staff will pick up filled trash and

independence and does not pose a safety risk.

(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.

This REQUIREMENT is not met as evidenced DV:

Based on observations, staff interview and facility document review, it was determined that the facility staff failed to ensure a clean, comfortable, home like environment in two of four shower rooms in the facility.

The facility staff failed to provide an environment within the ladies whirlpool room on the north unit that was free from foul odors and failed to maintain a tidy, clean environment in the ladies whirlpool room on the south unit.

The findings include:

On 2/23/17 a tour was conducted of the four facility shower rooms as part of the general

4. The whirlpool rooms and all barrels will be

linen barrels at 745a.m. 11:00am and 230pm. They will return clean barrels. A schedule

been written and the staff has been educated

for maintaining a clean environment has

as stated above.

03/22/17

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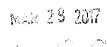
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F 252	surveyor entered the "ladies whirlpool room entering there was a were seven large ba and three gray) obseroom. The whirlpool of the room and the left side of the room, to pass between the The gray barrels wer trash bags that were other assorted trash. full and contained so surveyor was asked the intensity of the orbarrels in the room. nurse) #1, the wound the nurses station an used the ladies whirl that they did. On 2/23/17 at 12:45 manager, was observe whirlpool room carryitied at the top, contain came out of the room was in her hand whe On 2/23/17 at 12:50 aide) #32 was asked whirlpool room. CNA residents on the north rooms on Mondays, Fridays. CNA #32 fut two shower aides and	acility. At 12:40 p.m. this shower room identified as m" on the north unit. On very strong foul odor. There rels (three yellow, one white rved as one entered into the tub was located to the right parrels were observed on the leaving a very narrow space barrels and the whirlpool tub. e all full and contained clear filled with soiled diapers and The yellow barrels were all ided linen. A second to enter the room to verify dor and to observe the LPN (licensed practical of care nurse, was seated at diapart was asked if residents pool room, LPN #1 stated of the enter the ladies and a small clear trash bag, ning a soiled diaper. LPN #2 without the trash bag that in she entered into the room.	F 2	52			
	CNA #32 was asked	where the soiled diapers and owing ADL (activities of daily					

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Event ID: 520X11

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PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN .ICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETEO A. BUILDING С 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) IO PROVIDER'S PLAN OF CORRECTION IO (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION OATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCEO TO THE APPROPRIATE **DEFICIENCY**) F 252 Continued From page 22 F 252 living) care. CNA #32 stated, "We dispose of any trash (diapers) into the trash bag in the resident's room, we tie the bag and then take it to a gray barrel either in the hallway or in the ladies whirlpool room. CNA #32 was asked what the yellow barrels were for, CNA #32 stated, "Dirty linen." CNA #32 was asked where the barrels are normally stored, CNA #32 stated that they sometimes kept two gray barrels at the end of the hallway, but most times the barrels were kept in the whirlpool rooms. On 2/23/17 at 1:00 p.m. an interview was conducted with CNA #8, the shower aide. CNA #8 was asked whether or not she had completed her showers for the day. CNA #8 stated that she had finished them all in the morning. CNA #8 was asked which shower/whirlpool room she had used. CNA#8 stated she had used the ladies whirlpool room (north unit). CNA #8 accompanied this surveyor into the north unit ladies whirlpool room and was asked to identify the barrels. CNA #8 stated the yellow and white barrels were for soiled linen and the gray barrels were for trash.

CNA #8 was asked why the barrels were in the shower room, CNA #8 stated, "To dispose of soiled linen and other soiled items (diapers) when giving a shower. Usually we keep a set of barrels at the end of each hallway but when they get full then we use the barrels in the shower room."

CNA #8 was asked if she showered residents with the barrels in the room today. CNA #8 stated that she did. CNA #8 was asked who was responsible for moving the barrels when full.

CNA #8 stated, "The yellow ones are taken down by laundry at 11:00 a.m. and then laundry returns the empty barrels to the shower rooms. The gray barrels are moved when full, we have to notify maintenance to come take them." CNA #8 was

DEPARTMENT OF HEALTH AND HUMAN VICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/16/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING) DATE SURVEY COMPLETED			
		495358	B. WING _			C
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		02/28/2017
AMEL A N	IURS NG CENTER	CORRECTED COPY	:	8830 VIRGINIA STREET AMELIA, VA 23002		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 252	stated, "No, I don't gray barrels were of trash. CNA #8 state removed." On 2/23/17 at 1:15 enter into the ladies unit with this survey could smell any odd like urine and poop asked if she would this room, CNA #5 the ladies whirlpool asked if she smelle "It smells like urine asked if she would room, CNA #11 state" On 2/23/17 at approphered on the shower an opened clean diof the tub. A second observed on the floor of the shower an opened on the floor of the shower observed on the floor observed on the floor of the shower observe	an odor in the room. CNA #8 smell anything." The three spened and verified to be full of ed, "These barrels need to be p.m. CNA #5 was asked to swhirlpool room on the north yor. CNA #5 was asked if she ors. CNA #5 stated, "It smells oo (feces)." CNA #5 was be happy to be showered in stated no. CNA #11 entered room at this time and was d any odor. CNA #11 stated, and feces, not good." When care to be showered in this	F 2			
	CNA #7 was asked stated, "the bags shafter the showers was oiled utility room, was the used razors should box." CNA #7 was these items were stated.	about each item, CNA #7 nould have been picked up ere done and removed to the we have a sharps box and all build be placed in the sharps asked whether or not any of upposed to be on the floor. they should not be left on the				

INTERENT OF DEPICIENCES MOP PLAN OF CORRECTION ASSISTANT SUMEY ASSISSE JAME OF PROVIDER OR SUPPLER AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 JAME OF PROVIDER OR SUPPLER AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 JAME OF PROVIDER OR SUPPLER AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 JAME PREFIX AND PREFI	CLIVILIV	S FOR MEDICARE &	MEDICAID SERVICES				OMB N	<u>D. 093</u> 8-0391	
NAME OF PROVIDER OR SUPPLIER AMELIA NURSING CENTER CORRECTED COPY SUMMARY STATEMENT OF DEFICIENCES SR30 VIRGINIA STREET ADDRESS, CITY, STATE, ZIP CODE SR30 VIRGINIA STREET AMELIA, VA 23002 AMELIA NURSING CENTER SUMMARY STATEMENT OF DEFICIENCES PREFIX SUMMARY STATEMENT OF DEFICIENCES PREFIX PROPERTIVE CONSENTER TO NISCULD SECONDATION OLD SECONDA							(X3) DATE SURVEY		
AMELIA NURSING CENTER CORRECTED COPY MALIA, VA 23002 SUMMARY STREET ACCRESS, CITY, STREET AMELIA, VA 23002 FREFIX PROFILE			495358	B. WING			1	1	
PREFIX ING REGULATORY OR LSC IDENTFYING INFORMATION) F 252 Continued From page 24 floor. CNA #7 further stated that all items should be removed from the shower room immediately following the showers. On 2/27/17 at 5:50 p.m. an end of the day meeting was conducted with ASM #1, the director of maintenance. The administrator, ASM #2, the director of maintenance. The administrative staff was made aware of the concern and a policy on maintaining a clean, homelike environment for the residents was requested. On 2/28/17 at 4:35 p.m. an interview was conducted with IPM #11. LPN #11 was asked who was responsible for keeping the shower rooms clean. LPN #11 stated that the aide giving the showers cleans up when finished. On 2/28/17 at 4:40 p.m. an interview was conducted with OSM #1, the director of maintenance. OSM #1 was asked who was responsible for keeping the shower responsible for housekeeping, OSM #1 stated that the aides giving the showers cleans up when finished. On 2/28/17 at 4:40 p.m. an interview was conducted with OSM #1, the director of maintenance. OSM #1 was asked who was responsible for housekeeping, OSM #1 stated that the aides giving the showers were responsible for picking up and cleaning bestween and after showers. Once all showers were responsible for picking up and cleaning bestween and after showers. Once all showers were responsible for picking up and cleaning bestween and after showers. Once all showers were done housekeeping deaned the rooms. A facility procedure titled "Daily maintenance central baths and whirlippod" documented, in part, the following; "Purpose; To maintain clean, hygienic and attractive surroundings." There were no proficed or procedures provided that			CORRECTED COPY		88	30 VIRGINIA STREET	1 02	120/2011	
floor. CNA #7 further stated that all items should be removed from the shower room immediately following the showers. On 2/27/17 at 5:50 p.m. an end of the day meeting was conducted with ASM #1, the administrator, ASM #2, the director of rursing, LPN #2, the north wing unit manager, OSM (other staff member) #4, the dietary manager, OSM (other staff member) #4, the dietary manager, OSM #7, the business manager and OSM #1, the director of maintenance. The administrative staff was made aware of the concern and a policy on maintaining a clean, homelike environment for the residents was requested. On 2/28/17 at 4:35 p.m. an interview was conducted with LPN #11. LPN #11 was asked who was responsible for keeping the shower rooms clean. LPN #11 stated that the aide giving the showers cleans up when firished. On 2/28/17 at 4:40 p.m. an interview was conducted with OSM #1, the director of maintenance. OSM #1 was asked if he was responsible for housekeeping, OSM #1 stated that he was. OSM #1 was asked who was responsible for cleaning the shower rooms. OSM #1 stated that the aides giving the showers were responsible for cleaning the shower were responsible for cleaning the shower were responsible for cleaning the showers were responsible for cleaning the showers were done housekeeping cleaned the rooms. A facility procedure titled "Daily maintenance - central baths and whiripool" documented, in part, the following, "Purpose; To maintain clean, hygienic and attractive surroundings." There were no policies or procedures provided that	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETION	
r addressed the patiets in the shower rooms of the	F 252	floor. CNA #7 furthed be removed from the following the shower. On 2/27/17 at 5:50 pmeeting was conducted with example of maintenance. The made aware of the companitation and attention of the showers cleans using the showers cleans using the following; "Purposhygienic and attractive were no policies or presenting was reproposable or present the showers." A facility procedure titicentral baths and whithe following; "Purposhygienic and attractive were no policies or presenting was conducted or present the showers." A facility procedure titicentral baths and whithe following; "Purposhygienic and attractive were no policies or presenting the showers or present the showers of the showers. Of the showers of the showers of the showers. Of the showers of the showers	r stated that all items should a shower room immediately s. .m. an end of the day ted with ASM #1, the #2, the director of nursing, and unit manager, OSM (other edictary manager, OSM #7, ar and OSM #1, the director edictary manager, osh was concern and a policy on concern and conc	F	252				

DEPARTMENT OF HEALTH AND HUMAN

PRINTED: 03/16/2017

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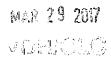
	MENT OF HEALTH AN	ID HUMA RVICES			PRINTE	•
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE	_
	·	495358	B. WING			C
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 02	/28/2017
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F 252	Continued From page	25	F 252			
F 278 SS≕D	No further information end of the survey prod 483.20(g)-(j) ASSESS ACCURACY/COORD	MENT	F 278	For resident # 3 the MDS annual with ARD 4/28/16 and the revised quarterly MDS with A	.RD of	03/22/17
	must accurately reflec	sments. The assessment t the resident's status.		01/27/17 have been corrected to show that the resident did have falls during the look back period. The care plan has been updated to include the above fall dates.	I	
	(h) Coordination A registered nurse mu each assessment with participation of health			2. The MDS coordinators have audited the MDS and care plans of all residents who have documented falls to assure that the falls where captured on the MDS in the look back period and care plans were revised with interventions.	e	03/22/1 7
	(i) Certification			3. All licensed pursing staff house have		
	(1) A registered nurse the assessment is con	must sign and certify that npleted.		All licensed nursing staff have been inserviced on documentation of falls and completing incident/accident reports as well as notification of RP and MD. The MDS		0 3/29/1 7
		o completes a portion of the and certify the accuracy of essment.		coordinatiors will get verbal report daily from both Unit Managers in addition to receiving a copy of the Incident/Accident reports to keep them up to date on the past 24 hours. The MDS coordinators have been educated on the importance of reading		
	(j) Penalty for Falsifica (1) Under Medicare an who willfully and know	d Medicaid, an individual		documentation in the chart before completing the MDS. The MDS Coordinators are to use the RAI Manual for guidance when completing the MDS and Care Plan.]	
		and false statement in a s subject to a civil money an \$1,000 for each				į
	and false statement in	ividual to certify a material a resident assessment is y penalty or not more than sment.				
	(2) Clinical disagreeme	ent does not constitute a				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 520X t1

Facility ID: VA0002

If continuation sheet Page 26 of 225



	MENT OF HEALTH AN	1,				ED: 03/16/2017 RM APPR OVE D
STATEMENT (S FOR MEDICARE & OF DEFICIENCIES FORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DA	IO. 0938-0391 TE SURVEY MPLETED
·	-	495358	B. WING		0	C 2/28/20 17
	ROVIDER OR SUPPLIER URSING CENTER	CORRECTED COPY		STREET ADDRESS, CITY, STATE, Z 8830 VIRGINIA STREET AMELIA, VA 23002	(IP CODE	-
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	_ ,	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
	by: Based on staff intervireview, it was determined to provide a concomprehensive assess residents in the surverse Resident #3 was documented as having falls. The facility staff failed Resident #3's annual assessment with an Adate) of 4/28/16 and hassessment with an AThe findings include: Resident #3 was admined with a readmission on that included, but were craniotomy (1) (the subone from the skull to blood pressure, aphasiglaucoma (a disease of blindness), heart disease fail in jury, and difficulties and the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the section (assessment reference (brief interview for mer was coded by staff as	iew and clinical record ined that the facility staff implete and accurate is ment for one of 26 by sample, Resident #3. Jumented in the clinical on 4/21/16 and 1/04/17. It to code these falls on MDS (minimum data set) and RD (assessment reference in a quarterly MDS (RD of 1/27/17. Justited to the facility on 8/9/13 and 1/20/15 with diagnoses in not limited to; left argical removal of part of the expose the brain), high is a (difficulty with talking), of the eye causing ase, agitation, a traumaticulty swallowing. Justited to the facility on 8/9/13 and 1/27/17. It is a being unable to C. Cognitive Patterns, BIMS and all status) and Resident #3 being severely cognitively 8 was coded as being totally	F2	4. The 24 hour report for the reviewed by the risk matter accuracy of Incident and any occurances that reported. The MDS Coord attendance at these meeting will monitor quarterly.	anagement committee dent/Accident reports nay not have been inators are in	03/22/17 e

Resident #3 is coded in Section J, Health

	MENT OF REALTH AL						FOR	MAPPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES					OMB NO	<u>0. 0938-0391</u>
	DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			DISTRUCTION			SURVEY PLETED
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	assessment. A review MDS with an ARD of J, Health Conditions, as having no falls sin A review of Resident in part, a facility Neuron 4/21/16 at 0000 (mid ocumented that Res 4/21/16 at 0000 (mid 0500 (5:00 a.m.), 090 p.m.) and 1700 (5:00 consciousness, move size (both right and le pulse, respirations and Further review of Resident reveal any docum Neurological Flow Sh 4/21/16. A review of Resident revealed, in part, the 11/4/2017 4:46 p.m. Staff, resident found in	g no falls since the prior w of Resident #3's annual 4/28/16 revealed in Section that Resident #3 was coded ce the prior assessment. #3's clinical record revealed, ological Flow Sheet initiated nidnight). The flow sheet ident #3 was assessed on night), 0100 (1:00 a.m.), 10 (9:00 a.m.), 1300 (1:00 p.m.) for level of ment, hand grasps, pupil ift), speech, blood pressure, d oxygenation. ident #3's clinical record did entation as to why the eet had been initiated on #3's nursing progress notes following documentation; Writer called to room by n floor on knees on mat, bed fall alarms in place and	F	278				
	plan with a revision da	#3's comprehensive care ate of 5/3/16 did not reveal garding a fall occurring on						
		#3's comprehensive care ate of 2/1/2017 did not ation regarding a fall						

occurring on 1/4/17.

DEPARTMENT OF HEALTH AND HUMAN

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	S EOD MEDICADE O				,			MAPPROVED
		MEDICAID SERVICES	 ,				OMB NO	<u>0. 0938-03</u> 91
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NAME OF P	ROVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP CODE		02.	20/201/
				I	30 VIRGINIA STREET			
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			IAG		DEFICIENCY)	PROPRIA	16	OAIE
								<u> </u>
F 278	Continued From page	- 28						}
1 270			i F	278				
	On 2/27/17 at 5:50 p.							
ĺ		ed with ASM (administrative		1				
		administrator, ASM #2, the	ĺ					
		PN (licensed practical nurse)						
		it manager, OSM (other staff						
		ary manager, OSM #7, the		ŀ				
	business manager an	nd OSM #1, the director of	İ					
		dministrative staff was made						
	aware of the concern	and a policy completing the						
	MDS assessments wa	as requested at this time.						
	On 2/27/17 at 3:15 p.:							
	conducted with ASM	(administrative staff						
	member) #2, the direct	ctor of nursing. ASM #2						1
	was asked if she had	any information regarding						
	any incidents with Res	sident #3 dated 4/21/16 and						
	1/4/17. ASM #2 state	d that she could not find any						
		4/21/16 fall, but there was						
		incident on 1/4/17. No						ľ
	incident reports for eit	her incident were provided.		1				
	•	•						
	On 2/28/17 at 9:00 a.r	m. an interview was						İ
		9, the MDS coordinator.						l
		w she captured relevant						l
	information when com							l
I		stated that in between						- 1
I		ild make notes on the care						
		her notes when it was time						
		assessment. LPN #9 was						
		ed falls for correct coding						
	on the MDS assessme						1	
	typically put the falls o							
		the falls occur. I will also						
	get a copy of the incid		•	ĺ				1
		s. I also receive the falls					}	
		ever is communicated by]	
		N #9 was asked to review					i	
		#3's MDS assessments						1
,		and 1/2717 I DN #0 stated		-				1

DEPARTMENT OF HEALTH AND HUMAN (

PRINTED: 03/16/2017

PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN **VICES** FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING_ 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET **AMELIA NURSING CENTER CORRECTED COPY** AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION OATE
F 278	Continued From page 29 that Resident #3 is not coded as having falls on either assessment. LPN #9 was shown the documentation regarding Resident #3's falls that occurred on 4/21/16 (neurological flow sheet) and 1/4/17. LPN #9 stated, "I was not aware of the falls on 4/21/16 and 1/2717." LPN #9 was asked whether or not the falls should have been captured on the MDS assessments with ARDs of 4/28/16 and 1/27/17. LPN #9 stated that they should have been included. LPN #9 was asked what she used as a reference to complete the MDS assessments. LPN #9 stated that she used the RAI (resident assessment instrument) manual as a reference. On 2/28/17 at 11:25 a.m. an interview was conducted by phone with LPN #10, the nurse caring for Resident #3 on 4/21/16. LPN #10 was	F 278		
	asked to describe the process followed when a resident in the facility fell or had a change in condition. LPN #10 stated, "I would write a note, do an incident report (if necessary), and notify the MD and RP (medical doctor and responsible party)." LPN #10 was asked if she remembered Resident #3 having a fall on 4/21/16. LPN #10 stated that she did not remember anything about him (Resident #3) falling. LPN #10 was asked what circumstances she would initiate and a Neurological Flow Sheet, LPN #10 stated "for a fall." LPN #10 was asked if she would document her actions. LPN #10 stated that she would document in the progress notes what had happened and that she had notified the MD and RP. No further information was provided prior to the end of the survey process.			

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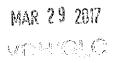
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 278 F 279 SS=D	following website; http://www.hopkinsm	was obtained from the edicine.org/healthlibrary/_pro l/craniotomy_92,p08767/ 1) DEVELOP	F 27			03/22/17	
	483.20 (d) Use. A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record and use the results of the assessments to develop, review and revise the resident's comprehensive care plan.		and checked in the CAA Secannual MDS with ARD of 10 2. The MDS coordinatiors wand care plans to assure an has been care planned as standard.	ction V of the 0/28/16. ill audit CAAs y triggered area tated in the RAI			
	comprehensive person each resident, consist set forth at §483.10(concludes measurable to meet a resident's mand psychosocial need comprehensive assess care plan must describe (i) The services that a confidence or maintain the residence physical, mental, and required under §483.2(ii) Any services that wunder §483.24, §483. provided due to the residence physical provided due to the residence physical provided due to the residence physical phy	develop and implement a con-centered care plan for tent with the resident rights c)(2) and §483.10(c)(3), that objectives and timeframes nedical, nursing, and mental eds that are identified in the asment. The comprehensive		3. The RAI manual sets forth for completion of the MDS at The DON or designee review the RAI manual with the MD This Chapter deals with Care Assessments Process and C4. Upon Completion of the cassessment with CAAs the M will double check for care platriggered areas. The DON or designee will recompletness. The QA comm quarterly.	nd Care plans wed Chap 4 of S Coordinators. e Area Care Planning. omprehensive MDS Coordinato anning of all	03/29/17 03/22/17	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 520X11

Facility ID: VA0002

If continuation sheet Page 31 of 225



	MENT OF HEALTH AN			(FOR	ED: 03/16/2017 RM APPROVED
CENTERS FOR MEDICARE & N STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	(X3) DATE	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
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(X4) ID	SUMMARY S'	TATEMENT OF DEFICIENCIES	ID	AMELIA, VA 23002 PROVIDER'S PLAN OF CORRECT	OTION	
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F 279	Continued From page	ue 31	F 279	a		
	treatment under §483			1		
	rehabilitative services provide as a result of recommendations. If findings of the PASAF rationale in the reside (iv)In consultation wit resident's representat (A) The resident's good desired outcomes. (B) The resident's prefuture discharge. Faci whether the resident's community was assess local contact agencies entities, for this purpo	a facility disagrees with the ARR, it must indicate its ent's medical record. th the resident and the ative (s)- pals for admission and eference and potential for cilities must document 's desire to return to the essed and any referrals to es and/or other appropriate ose.				
	plan, as appropriate, i requirements set forth section. This REQUIREMENT by: Based on staff intervi and clinical record rev the facility staff failed comprehensive care processes (care area assessment)	plan from a triggered CAA ent) for one of 26 residents in				
	the survey sample, Re The facility staff failed	Resident #2.				

comprehensive care plan for the triggered care area of delirium, in Section V - Care Area Assessment (CAA), on Resident #2's annual

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R MEDICARE &	MEDICAID S⊨RVICES				O. 0938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATI	(X3) DATE SURVEY COMPLETED	
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		B. WING		02/28/2017		
K OK SUPPLIER			. , ,			
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(minimum data si (assessment ref (assessment ref findings include; dent #2 was admit 15 with a readmit noses that include of failure, an infect entia and dysphatowing). Ident #2's most revas a quarterly as a quarterly as soment reference dent #2 was code ble score of 15 or ental status), individed the score of Resi ental status as ments revealed soments revealed soment with an Allon V - Care Area um" was checked from the column "A" and in "B. Care Planrection provided in triggered Care Allolan, care plan re	itted to the facility on ssion on 10/20/15 with ed, but were not limited to, ion of the urinary tract, gia (difficulty with cent MDS (minimum data ssessment with an ARD e date) of 1/24/17. d as scoring a one out of a n the BIMS (brief interview cating that she was apaired. dent #2's MDS an annual MDS an annual MDS an annual MDS are a triggered care area also checked under hing Decision." The Section V states, "2. For rea, indicate whether a new vision, or continuation of	F 27	79			
	R MEDICARE & ICIENCIES ECTION IR OR SUPPLIER SUMMARY STITE (EACH DEFICIENCY REGULATORY OR LETT) In ued From page (minimum data set (assessment refindings include; dent #2 was adm 15 with a readminoses that include entia and dysphagowing). Ident #2's most reception and dysphagowing and dysphagowing was a quarterly assessment reference dent #2 was code ble score of 15 or ental status), individed the score of 15 or ental status), individed the score of 15 or ental status (assessment with an All on V - Care Area um" was checked to column "A" and and the column "A" and and the column "A" and and the column "A" and and the column "A" and and the column "A" and and the column "A" and and the column "A" and and the column "A" and and the column "A" and and the column "A" and and the column "A" and and the column "A" and and the column "A" and and the column "A" and and the column "A" and and and and and and and and and and	R MEDICARE & MEDICAID SERVICES ICIENCIES ECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495358 IR OR SUPPLIER GCENTER CORRECTED COPY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDEO BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) inued From page 32 (minimum data set) assessment with an (assessment reference date) of 10/28/16. findings include; dent #2 was admitted to the facility on 15 with a readmission on 10/20/15 with noses that included, but were not limited to, if ailure, an infection of the urinary tract, entia and dysphagia (difficulty with	R MEDICARE & MEDICAID SERVICES ICIENCIES ECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A BUILDING 495358 B WNG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) In used From page 32 If (minimum data set) assessment with an (assessment reference date) of 10/28/16. Indings include; Ident #2 was admitted to the facility on 15 with a readmission on 10/20/15 with Incoses that included, but were not limited to, If allure, an infection of the urinary tract, Intentia and dysphagia (difficulty with Individual of the provided in the second of 10/28/16 interview Intential status), indicating that she was Intelled an annual MDS Intential status, indicating that she was Intelled an annual MDS Intential status, indicating that she was Intelled an annual MDS Intelled annual annual MDS Intelled annual annual moderates annual annual annual annual annual an	R MEDICARE & MEDICAID SERVICES ICIENCIES I	R MEDICARE & MEDICAID SERVICES CIDENCIES CIDENCIES CIDENCIES CIDENCIES CIDENCIES CIDENCIES CIDENCIES CIDENCIES CIDENCIES CIDENCIES CIDENCIES CIDENCIES CIDENCIES CIDENCIES CIDENTIFICATION NUMBER A BUILDING A BUILDING COMB N COMB	

for delirium.

care area. Check column B if the triggered care area is addressed in the care plan." Section V, Column B for Resident #2's MDS was checked

A review of Resident #2's comprehensive care

plan dated 11/7/16 did not reveal any

PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN **VICES** FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SCKVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING _ COMPLETED С 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 279 l Continued From page 33 F 279 documentation regarding delirium. An interview was conducted on 2/27/17 at 11:50 a.m. with LPN (licensed practical nurse) #9, the MDS coordinator. LPN #9 was asked how she determined what needed to be care planned for a resident. LPN #9 stated that she care planned areas that triggered on the CAA worksheet in Section V of the MDS assessment, LPN #9 was asked to review Resident #2's comprehensive MDS assessment with an ARD of 10/28/16, specifically Section V. LPN #9 was asked if the areas checked in column B should be care planned. LPN #9 stated they should be care planned. LPN #9 was asked to evidence where delirium, a triggered area, was documented in Resident #2's comprehensive care plan. LPN #9 reviewed the 11/7/16 care plan and stated that it was not care planned. A review of the facility document titled "Care Planning - Resident" revealed, in part, the following documentation; "STANDARD Each Resident has a Resident Care Plan that is current, individualized, consistent with the medical regimen and updated as needed but at least every 90 days for each resident." There

was no documentation that addressed creating care plans off of triggered areas in Section V of a

On 2/27/17 at 5:50 p.m.an end of the day meeting was conducted with ASM #1, the administrator, ASM #2, the director of nursing, LPN #2, the north wing unit manager, OSM (other staff member) #4, the dietary manager, OSM #7, the business manager and OSM #1, the director of maintenance. The administrative staff was made aware of the concern and a policy completing the

comprehensive MDS assessment,

DEPARTMENT OF HEALTH AND HUMAN / /ICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/16/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 279	comprehensive car time. No further informati end of the survey p	ion was provided prior to the process.	F 2	279			
	483.10(c)(2)(i-ii,iv,v)(3),483.21(b)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP 483.10 (c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care.		F2	1. The Care plan for resident #3 has revised and the falls on 4/21/16 and have been addressed in the falls care	7/27/16	03/22/17	
				2. The MDS Coordinators have revied documented falls and checked for apcare planning 3. All nursing staff has been inservice facility protocol for falls, documentation planning and follow up. 4. The risk management committee vall falls in the weekly meeting and character plans during the meeting for car intervention.	wed all propriate ed on on, care vill review eck the	03/29/17	
	expected goals and amount, frequency, other factors related plan of care.	cipate in establishing the outcomes of care, the type, and duration of care, and any it to the effectiveness of the					
	(v) The right to see	the care plan, including the gnificant changes to the plan					
	right to participate in	all inform the resident of the nhis or her treatment and sident in this right. The ust					
	(i) Facilitate the inclu	ision of the resident and/or					

PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN :VICES **FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER **CORRECTED COPY** AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 280 Continued From page 35 F 280 resident representative. (ii) Include an assessment of the resident's strengths and needs. (iii) Incorporate the resident's personal and cultural preferences in developing goals of care. 483.21 (b) Comprehensive Care Plans (2) A comprehensive care plan must be-(i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to--(A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff.

resident's care plan.

(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the

(F) Other appropriate staff or professionals in

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		MEDICAID JERVICES	<u> </u>			OMB N	O. 0938-0391
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F 280	or as requested by the (iii) Reviewed and reviewed and reviewed and reviewed and reviewed after each assessments. This REQUIREMENT by: Based on staff intervireview, and clinical redetermined that the factorial redetermined and reviewed and redetermined that the factorial redetermined that the factorial redetermined and reviewed and redetermined that the factorial redetermined and reviewed a	ined by the resident's needs e resident. vised by the interdisciplinary assment, including both the quarterly review is not met as evidenced few, facility document accord review, it was acility staff failed to review ehensive care plan for one	F	280			
	facility staff failed to recomprehensive care put when they occurred. The findings include; Resident #3 was adm with a readmission on that included, but were craniotomy (1) (the subone from the skull to blood pressure, aphas glaucoma (a disease of	olan to address the falls itted to the facility on 8/9/13 4/20/15 with diagnoses e not limited to; left rgical removal of part of the expose the brain), high sia (difficulty with talking), of the eye causing ase, agitation, a traumatic					
	set) was a quarterly as (assessment reference Resident #3 was code						

(brief interview for mental status) and Resident #3 was coded by staff as being severely cognitively

DEPARTMENT OF HEALTH AND HUMAN

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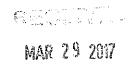
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F 280	A review of Resident in part, a facility Neuron 4/21/16 at 0000 (m documented that Res 4/21/16 at 0000 (midr 0500 (5:00 a.m.), 090 p.m.) and 1700 (5:00 consciousness, move size (both right and le pulse, respirations and Further review of Resident in part, the f myles of Resident in part, the f myles of Resident in part, the f myles of Resident in part, the f myles of Resident in part, the f myles of Resident in part, the f myles of Resident in part, the f myles of Resident in part, the f myles of Resident extremities moving, have accommodation, spenormal." Signed electroractical nurse) #8. Further review of Resident in part, the f myles of Resident extremities moving, have accommodation, spenormal." Signed electroractical nurse) #8. Further review of Resident in the myles of Resident	3 was coded as being totally ple with bed mobility. #3's clinical record revealed, plogical Flow Sheet initiated widnight). The flow sheet ident #3 was assessed on hight), 0100 (1:00 a.m.), 0 (9:00 a.m.), 1300 (1:00 p.m.) for level of ment, hand grasps, pupil ft), speech, blood pressure, doxygenation. ident #3's clinical record didentation as to why the eet had been initiated on #3's nursing progress notes ollowing documentation; 1. Resident had hit head cks are being completed is stable; fully conscious, all and grasps strong, PERRLA and reactive to light and each clear, and vitals conically by LPN (licensed dent #3's clinical record didentation how Resident #3 id not reveal that the MD or and responsible party) had ident #3 had hit his head	F2	280			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 520X11

Facility ID: VA0002

If continuation sheet Page 38 of 225



	MENT OF TREALITIES	MEDICAID SÉRVICES				RM APPROVED
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F 280	Continued From page	e 38	F 280	•		
	· -	late of 5/3/16 did not reveal	F 200			
		elated to Resident #3's fall				
į	on 4/21/16.	erated to ivesidelit #35 fall				
	 Further review of Res	sident #3's comprehensive				
		sion date of 8/8/16 did not				
		ation related to Resident				
	#3's fall on 7/27/16.	and the state of t				
	On 2/27/17 at 11:50 a	a m. an intenview was				
		4 (registered nurse), the				
		N #4 was asked when a				
		plan would be revised. RN				i !
		e plan would be reviewed				
		changes in therapy, any				
		s asked how she would learn				
		rapy or incidents, RN #4				
		changes / incidents in the				
		ent meeting and I also				
	-	ders. If a resident has a fall				
	it should show up on	the tracking form." RN #4				
	stated she would revi	ew Resident #3's				
	information and get b	ack with this surveyor.				
	On 2/27/17 at 3:40 p.i	m. RN #4, the MDS				
		at she could not find any				
İ	review or revisions to					
	comprehensive care p	olan to reflect the falls that				
	occurred on 4/21/16 a	and 7/27/16.				
	On 2/27/17 at 5:50 p.i					
İ	meeting was conducted					
		2, the director of nursing,				
ļ		g unit manager, OSM (other				
		dietary manager, OSM #7,				
İ		r and OSM #1, the director				
		administrative staff was				
		ncern and a policy for the				
	review and revision of	comprehensive care plans				1

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DEPARTMENT OF HEALTH AND HUMANVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/16/2017 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVICER OR SUPPLIER AMELIA NURSING CENTER CORRECTED COPY AMELIA, VIA 23002 SIMMARY STATEMENT OF DEPICEMENTS PREFIX PROVIDERS PLANDED FOR SUPPLIES AND A CORRECTION OF SERVICES OF YELL PROVIDERS PLANDED FOR SUPPLIES OF SERVICES OF YELL PROVIDERS PLANDED FOR SUPPLIES OF SERVICES OF YELL PROVIDERS PLANDED FOR SUPPLIES OF SERVICES		F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) OATE SURVEY COMPLETEO	
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was requested at this time. A review of the facility document titled "Care Planning Resident" revealed, in part, the following documentation; "STANDARD Each resident has a Resident Care Plan that is current, individualized, (sic) consistent with the medical regimen and updated as needed but at least every 90 days for each resident." There was no documentation regarding when or how a resident's comprehensive care plan should be reviewed and revised based on changes in therapy or incidents. No further information was provided prior to the end of the survey process. (1) This information was obtained from the following website, http://www.hopkinsmedicine.org/healthlibrary/_pro cedures/heurological/craniotomy_92_p.08767/ F 282 SS=E PERSONS/PER CARE PLAN (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (ii) Be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to	PREFIX	(EACH OEFICIENC	Y MUST BE PRECEOED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI,		COMPLETION
Florion the written plan of care and/or large to	F 282	was requested at this A review of the facility Planning Resident" re documentation; "STA Resident Care Plan th (sic) consistent with th updated as needed be each resident." There regarding when or ho comprehensive care prevised based on cha No further information of end of the survey proceed (1) This information of following website; http://www.hopkinsme.cedures/neurological/ 483.21(b)(3)(ii) SERV PERSONS/PER CAR (b)(3) Comprehensive The services provided as outlined by the commust- (ii) Be provided by qua accordance with each care. This REQUIREMENT by: Based on observation document review and was determined that t	document titled "Care vealed, in part, the following NDARD Each resident has a nat is current, individualized, he medical regimen and ut at least every 90 days for e was no documentation what a resident's plan should be reviewed and nges in therapy or incidents. Was provided prior to the decess. Was obtained from the redicine.org/healthlibrary/_properaniotomy_92,p08767/ ICES BY QUALIFIED E PLAN Care Plans For arranged by the facility, he prehensive care plan, alified persons in resident's written plan of is not met as evidenced in, staff interview, facility clinical record review, it he facility staff failed to		2 1. Resident # 7 staff was made aware of the importance of having bed pad alarm turned or and fall mats to both sides of bed while resident is in bed. Also while up resident is to have latera(side support in place. The charge nurse signs the alarms, mats, and lateral side support off on the treatment sheets. The unit manager will observe the resident each day to assure all devices are in use when resident is wheelchair or in bed. Resident #6 the physician was made aware of the the failure to obtain an albumin level on 9/28/16 as ordered. Another order was	n i	03/22/17

PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING _ COMPLETED С 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADORESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LISC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE OATE DEFICIENCY) F 282 Continued From page 40 F 282 Resident #13 has expired 2/28/17. ensure services were provided by qualified Resident #4 has her O2 flow at 2L/ min via professionals for four of 26 residents in the nasal cannnula as ordered. The charge nurses survey sample, Resident #7, Resident #6 are signing off the oxygen on the treatment Resident #13 and Resident #4. sheets but have been instructed to check the flow before signing off. The unit Manager will do follow up to assureO2 flow is correct. 1.a. The facility staff failed to follow Resident #7's Resident #4 is currently being followed weekly by the written plan of care for the implementation of a wound care MD. The treatment nurse is doing bed alarm and a fall mat. treatments as ordered and completing weekly assesments with measurements. When the treatment nurse is not in the facility, the charge nurse does the treatment b. The facility staff failed to follow Resident #7's written plan care for the implementation of left 2. A 100% audit of all residents by the unit lateral side support while in the wheelchair. manager and DON or designee to assure 03/29/17 all residents have the order safety devices, supportive devices, correct oxygen flow, and 2. For Resident #6, facility staff failed to follow the ordered lab work. The evening and night shift written plan of care and obtain an Albumin [1] charge nurses will do skin assestments on all residents. Level Laboratory Test that was ordered by the The Treatment Nurse will complete a 100% audit physician per dietary recommendation on of all resident with skin breakdown and 9/28/16. assure weekly assessments and measurements are complete. 3. For Resident #13, facility staff failed to ensure weekly skin assessments were conducted by a licensed nurse. CNAs performed the weekly skin 3. The Nursing staff has been inserviced by DON or 03/29/17 assessments. designee on the standard of care for nursing staff, When the treatment sheets are signed off by the charge

The findings include:

alarm and a fall mat.

Resident #4.

4.a. The facility staff failed to follow the written

plan of care for the administration of oxygen for

b. The facility staff failed to ensure that weekly

1.a. The facility staff failed to follow Resident #7's

written plan care for the implementation of a bed

skin assessments for Resident #4 were

performed by qualified individuals. CNAs

performed the weekly skin assessments.

educations.

care.

nurse it means that the order is being carried out

nurses not C.N.A's. Care plans are written to

order must be obtained to D/C the order and

another order written. Standards must be main-

tained in order to provide safe effective nursing

The Treatment Nurse has been instructed on the expectations of a nurse in her position. Weekly

measurements must be done on all skin breakdown. Education on wound staging and the difference between wounds caused by pressure

and wounds that are caused by non-pressure. The

wound care physcician is assisting with this

as written. Assessments are done by the licensed

assist all nursing staff in giving care to the residents. All physicians orders must be carried out as ordered on the date ordered. If this is not possible another

DEPARTMENT OF HEALTH A	ND HUMAN (VICES		(D: 03/16/2017
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6/23/14 and readmitt Resident #7's diagnor limited to: dementia of Parkinson's disease disorder and history of most recent MDS (mossessment with an adde) of 12/24/16, conseverely cognitively in of a possible 15 on the status. Section G consextensive assistance bed mobility, transfer Review of Resident # physician's order sum physician on 1/13/17 a bed pad alarm and the resident was in both Resident #7's compres problem start date of FALL RISK R/T (relatt COMBATIVE BEHAV ANXIETY; PSYCHOT (medications); VISION SINCE ADMITAppr ON PER ORDER; MOTAKING ALARMS OF	nitted to the facility on red to the facility on 6/18/15. Sees included but were not with lewy bodies (1), (2), generalized anxiety of falling. Resident #7's inimum data set), a quarterly ARD (assessment reference ded the resident as being impaired, scoring a three out the brief interview for mental ded Resident #7 as requiring of two or more staff with and walking in the corridor. F7's clinical record revealed a famary signed by the that documented orders for fall mats at bedside while ed. Sehensive care plan with a 1/6/17 documented, "HIGH red to) CONFUSION; TIOR; INCREASED	F 28	4.The DON or designee will nursing staff's performance basis. The treatment nurse the Risk Managment compall wounds. The QA community.	ce on a weekly e will report to mittee weekly on	03/22/17

WORKING ORDER AND TURNED ON;

BESIDE BED AS ORDERED..."

on the right side of the bed.

CHANGE BATTERIES AS NEEDED; FALL MATS

On 2/22/17 at 2:20 p.m. and 3:50 p.m., Resident #7 was observed lying in bed. The resident's bed alarm was off and there was no fall mat present

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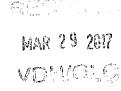
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F 282	Continued From pag	ne 42	F:	282			
	conducted with CNA #3 (the CNA caring f was asked how she safety devices required #3 stated the nurse was to the CNAs and the reference that include have fall alarms, become #3 was asked which supposed to be imple CNA #3 stated the rehave a clip fall alarm pommel cushion were When made aware Found bed twice with the also on the floor, CNA #3 she had noted the resident's bed pad al #3 further stated she resident's fall mat up the resident out of bed on 2/27/17 at 3:44 p. conducted with RN (from the safety with the policy of the p	emented for Resident #7. esident was supposed to bed pad alarm, bolsters, a dge in the chair and fall mats. desident #7 was observed in arm off and the fall mat not stated prior to this interview esident was yelling and had his body wasn't aligned in ted during this time, the arm was not sounding. CNA didn't recall picking the off the floor when she got ed.					
	the safety devices re- #5 stated the nursing device is implemente	quired for each resident. RN staff is notified as soon as a d, discontinued or changed. books for devices were					
	located at the nurse's updated. RN #5 was ensuring staff followe #5 stated this was the nurse but everyone h	station and regularly asked the process for d residents' care plans. RN e responsibility of the charge					

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Event ID: 520X11

Facility ID: VA0002

If continuation sheet Page 43 of 225



CENTER	S FOR MEDICARE &	MEDICAID J_RVICES				OMB	NO. 0938-0391
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	Y			L AW	1EL A, VA 23002		
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F 282	sure care planned into On 2/27/17 at 5:50 p. staff member) #1 (the (the director of nursin above concern. The facility document PLANNING-RESIDEI "STANDARD: Each replan that is current, in the medical regimen at least every 90 days residentResident C Nursing Units for eas: No further information (1) "Lewy body disease common causes of de Dementia is the loss enough to affect norm relationships. Lewy be abnormal structures, in areas of the brain obtained from the well-	As during report to make rerventions were in place. m., ASM (administrative administrator) and ASM #2 reg) were made aware of the stitled, "CARE NT" documented, resident has a Resident Care advidualized, consistent with and updated as needed but as for each are Plan is located on the y availability" In was presented prior to exit. The was presented prior to exit. The is one of the most rementia in the elderly. The information was administration was recommended the property of mental functions severe and activities and recalled Lewy bodies, build up "This information was"	F	282			
	(2) "Parkinson's disear movement disorder. In the brain don't procedure chemical called dopar was obtained from the https://vsearch.nlm.nimeta?v%3Aproject=n	ase (PD) is a type of It happens when nerve cells fuce enough of a brain mine" This information					

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F 282	Continued From page	e 44	F2	82		
	written plan of care for	iled to follow Resident #7's or the implementation of left while in the wheelchair.				
	physician's order sum physician on 1/13/17	7's clinical record revealed a nmary signed by the that documented an order re left lateral side support at				
	all times while up in t					
	problem start date of FALL RISK R/T (relate COMBATIVE BEHAV ANXIETY; PSYCHOT (medications); VISION SINCE ADMITAppro	1/6/17 documented, "HIGH ed to) CONFUSION; IOR; INCREASED				
	#7 was observed in a day room. No left late device was observed	m. and 12:40 p.m., Resident high back wheelchair in the eral support positioning in the resident's wheelchair. was wedged against the r and the arm rest.				
	#3 (the CNA caring fo was asked how she w type of positioning devresident. CNA #3 staticould ask the nurse if #3 stated the therapy when a new positioning the country of t	m., an interview was certified nursing assistant) r Resident #7). CNA #3 /as made aware of what vices were required for each ted usually she knows but she had a question. CNA department in-services staffing device is implemented. Resident #7 was supposed				
		g devices. CNA #3 stated				

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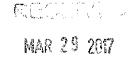
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	piece" that was possible wheelchair to aid woresident leaned to a the resident did not wheelchair when sland she didn't know device. On 2/22/17 at 3:44 conducted with RN was asked how nut what type of position each resident. RN orders for the device and on the treatme #5 stated the nurse on to CNAs during positioning devices asked the process residents' care plant responsibility of the had access to the in nurses could pass to during report to mainterventions were in the director of nurse above findings. No further information.	the resident had a "side sitioned down in the resident's with positioning because the the side. CNA #3 confirmed to have the device placed in the ne put him in the wheelchair what had happened to the p.m., an interview was (registered nurse) #5. RN #5 sing staff was made aware of ming devices were required for #5 stated nurses should see the in the physician's orders and administration record. RN is should pass that information report to make sure the are in place. RN #5 was for ensuring staff followed its. RN #5 stated this was the charge nurse but everyone information. RN #5 stated the information on to CNAs ke sure care planned in place. p.m., ASM (administrative the administrator) and ASM #2 sing) were made aware of the facility staff failed to follow the	F 2	282			
ŀ	Level Laboratory Te	and obtain an Albumin [1] est that was ordered by the y recommendation on					

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Event ID: 520X11

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				NO. 0938-0391
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	6/28/13 and readmitted that in cluded but were cholesterol, CVA (stroughasia [2], Multiple Simental status. Reside (minimum data set) with an ARD (assessin 12/8/16. Resident #6 cognitively impaired in decisions scoring 04 cointerview for mental st was coded as requiring transfers, dressing, and being totally dependent Review of Resident #6 the following physician "Received Date: 9/23/Order Description: Other Frequency Once-One Per dietary recomment created and verified by #7. Review of Resident #6 reveal that the Albumin Review of Resident #6 9/20/16 and updated 10	nitted to the facility on ed on 1/5/17 with diagnoses e not limited to high ke), seizure disorder, Sclerosis [3] and altered ent #6's most recent MDS as a quarterly assessment ment reference date) of was coded as being the ability to make daily but of 15 on the BIMS (Brief latus) exam. Resident #6 g extensive assistance with and eating, and was coded as ent on staff for bathing. S's clinical record revealed in telephone orders: 16, Start Date: 9/28/16 mer Test: (Albumin), Time. Special Instructions: dation." This order was y RN (Registered Nurse) S's clinical record failed to in level was obtained. S's Nutrition care plan dated 11/30/16, documented the	F 2		CY)	
	tests)/WEIGHT PER C On 2/23/17 at 11:35 a.	ations)/LABS (laboratory PRDER." m., LPN (licensed practical wed. When asked if the				

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PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN :VICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SURVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING С 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID JX5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) OATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 282 Continued From page 47 F 282 stated: "Yes." On 2/23/17 at 3:09 p.m., an interview was conducted with ASM (administrative staff member) #2, the DON (Director of Nursing). ASM #2 stated, "I couldn't find that lab that was requested on 9/28. It wasn't done." When asked why the laboratory test was not completed, ASM #2 stated, "I don't know, I was off that day." On 2/27/17 at 10:19 a.m., an interview was conducted with LPN #4. When asked the process of obtaining a laboratory test, LPN #4 stated that orders for laboratory tests get put into the computer system and the UM (unit manager) usually draws the labs on certain lab days or for STAT (immediate labs). LPN #4 stated that once the laboratory test is obtained, it is placed in a box for an outside laboratory company to pick up and process. LPN #4 stated that the results are faxed to the facility and the physician is made aware of the results by nursing staff. On 2/27/17 at 12:05 p.m., an interview was conducted with RN (registered nurse) #7. When asked about the process of obtaining a physician ordered laboratory tests. RN #7 stated that when a physician orders a lab for a resident, the lab will

calendar.

be put onto a list and the list will get transcribed onto the laboratory calendar for residents to be drawn on that particular day. RN #7 stated that Resident #6's lab (Albumin level ordered on 9/28/16) was an oversight on her part. RN#7 stated that Resident #6 did not make it to the

On 2/27/17 at 3:44 p.m., an interview was conducted with RN (registered nurse) #5. RN #5 was asked the process for ensuring staff followed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	responsibility of the had access to the in On 2/23/17 at 3:09 p staff member) #2, th was made aware of further information w. According to Potter a Nursing, 7th Edition, care plan communic other health care proplan enhances the caspecific nursing inter the goals of care. The blueprint for nursing for implementation of for evaluation of the actions." [Albumin]-Is the main Low levels occur in comalnutrition, inflamm diseases. This inform National Institutes of https://www.ncbi.nlm T0023211/. [Aphasia]-Aphasia is damage to the parts language. It can mak write, and say what y common in adults who tumors, infections, in staff and say what y common in adults who was a staff and say what y common in adults who was a staff and say what y common in adults who was a staff and say what y common in adults who was a staff and say what y common in adults who was a staff and say what y common in adults who was a staff and say what y common in adults who was a staff and say what y common in adults who was a staff and say what y common in adults who was a staff and say what y common in adults who was a staff and say what y common in adults who was a staff and say what y common in adults who was a staff and say what y common in adults who was a staff and say what y common in adults who was a staff and say was a staff and say what y common in adults who was a staff and say was a s	charge nurse but everyone formation. I.m., ASM (administrative e DON (Director of Nursing) the above concerns. No has presented prior to exit. I.m. ASM (administrative e DON (Director of Nursing) the above concerns. No has presented prior to exit. I.m. ASM (administrative e DON (Director of Nursing) the above concerns. No has presented prior to exit. I.m. ASM (administrative e DON (Director of Nursing) the above concerns. No has presented prior to exit. I.m. ASM (administrative e DON (DIRECTOR) I.m. ASM (administrative ed.) I.m. ASM (administrative ed.) I.m. ASM (administrative ed.) I.m. ASM (administrative ed.) I.m. ASM (administrative ed.) I.m. ASM (administrative ed.) I.m. ASM (administrat	F	282				
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Event ID: 520X tt

Facility ID: VA0002

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PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN **?VICES** FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF OFFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IOENTIFICATION NUMBER: A. BUILOING ___ COMPLETEO C 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET AOORESS, CITY, STATE, ZIP COOE 8830 VIRGINIA STREET AMELIA NURSING CENTER **CORRECTED COPY** AMEL|A, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) IO PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH OFFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCEO TO THE APPROPRIATE DATE OEFICIENCY) F 282 Continued From page 49 F 282 [Multiple Sclerosis]- Multiple sclerosis (MS) is a nervous system disease that affects your brain and spinal cord. It damages the myelin sheath. the material that surrounds and protects your nerve cells. This damage slows down or blocks messages between your brain and your body, leading to the symptoms of MS. This information was obtained from The National Institutes of Health. https://medlineplus.gov/multiplesclerosis.html.

3. For Resident #13, facility staff failed to ensure weekly skin assessments were conducted by a licensed nurse.

Resident #13 was admitted to the facility on 8/4/16 and readmitted on 2/14/17 with diagnoses that included but were not limited to metabolic encephalopathy [1], Pressure Ulcer Stage IV of the sacral region [2], Parkinson's disease, high blood pressure, prostate cancer, and dementia. Resident #13's most recent MDS (minimum data set) was a significant change assessment with an ARD (assessment reference date) of 2/20/17. Resident #13 was coded as being severely impaired in the ability to make daily decisions scoring 03 on the Staff Interview for Mental Status Exam. Resident #13 was coded as requiring total dependence on one to two facility staff with transfers, bed mobility, locomotion on the unit, dressing, eating, personal hygiene and bathing.

Review of Resident #13's clinical record revealed the following nursing note dated 2/4/16 at 3:05 a.m., "Resi (Resident) is A&O x 1 (alert and

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	oriented to self). Res some needs. Resi is relosed at this time. Resonance on RA (Red) slightly elevated lung expansion. Resi (long term care) service (long term care) ser	is able to communicate esting in bed with eyes esp (Respirations) even and room Air). HOB (Head of for comfort and to facilitate continue to receive LTC res r/t (related to) multiple lude prostate cancer, HTN inia, high cholesterol and No s/sx (signs or or discomfort noted at this ints) pain voiced when mand dry to touch. Area crum and scrotum, resident for treatment nurse to ments applied per MD is, resi tolerated well" Sure skin condition report mented the following: "Date is, Site/Location: Inner, ill have Dr. (Name of (evaluate) 2/9/17. eck mark was documented atting that two of the areas sions. A check mark was er "Old scar" indicating that an old scar. Son-pressure skin condition is documented the following: "O, size in cm (centimeters) type: None, Exudate ing: 0, Undermining: 0, fy red, Surrounding Skin	F2	282			

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DEPARTMENT OF HEALTH AND HUMAN .VICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING ______

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When asked the process of conducting skin

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CNA (certified nursi resident a shower. will write any new s assessment sheet, areas were found. sign the sheet after When asked what he stated that her sign assessed the reside a new skin area. Lift and physically look stated that she will conclude the conclude the sheet unit manager will all not look at resident identified. When as skin assessment see shower assessment area is found, she will when asked about new area is identified that she would refer nurse if she is in the if the treatment nursi herself or the unit mand measure. LPN when the sacral are #13. LPN #4 stated the facility the follow at the hospital. When made aware or notice Resident #13 prior to she was not aware or sales.		F 28	82		

areas to Resident #13. LPN #4 stated that the nurse who identified the sacral areas on 2/4/17

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NAME OF D	DOMEST OF CHISPIES	495358	B. WING			_ 0	<u>2/28/2017</u>
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F 282	no longer worked for found the sacral area: an interview. On 2/27/17 at 2:12 p.: conducted with CNA regularly work with Rehow often CNAs check #23 stated, "Every dathere is a new area with nursing would take it stated that she hadn't when his sacral areas recall if Resident #13 areas. On 2/28/17 at 2:09 p.r. conducted with CNA (#18, a CNA who work #13. When asked whith the work with the conducted with cond	the facility. The nurse who is could not be reached for m., an interview was #23, a CNA who used to esident #13. When asked sk the resident's skin, CNA y when providing care. If e will notify the charge rise if she is on the unit. If from there." CNA #23 worked with Resident #13 were found. She could not had any current sacral m., an interview was certified nursing assistant) is regularly with Resident	F	282			
	On 2/28/17 at 3:38 p.r	n., an interview was					

conducted with ASM (administrative staff member) #2, the DON (Director of Nursing) and ASM #5, the previous DON. When asked the process for conducting skin assessments, ASM #2 stated that CNAs would check the skin during

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION TION NUMBER: A. BUILDING				DATE SURVEY COMPLETED
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F 282	Continued From no se	. 54					
1 202			F	282			
		ea is found, the CNAs					
		s. ASM #2 stated that the					
		to evaluate the new area.		ŀ			
		ost of the time, the nurses					
	are dependent on the CNAs to look at the skin.						
	When asked what type of education the CNAs have to assess the residents' skin, ASM #2 stated						
	that the CNAs definite						
	different on the reside						
	When asked if a CNA would be able to determine						
	any area of redness, ASM #2 stated they she was						
	confident the CNAs could determine areas of						
	redness. When asked						
		sment, ASM #2 stated that					
		alified and the nurses					
		he skin if a new area is		İ			
i		d. When asked if nursing					
		skin assessment in addition					
	to the CNAs doing boo	dy checks during showers					
	or care, ASM #2 state	d, "Nurses should be					
		nt, every shift." ASM #5					
	stated that 11-7 nurse						
	residents to do weekly	skin assessments.					
	On 2/28/17 at approxi	mately 4:50 p.m., ASM #5					
		rity policy. When asked					
		uct skin assessments, ASM					
	#5 stated, "Daily. They	/ aren't doing them. That's a					
	problem."						
	On 2/28/17 at 3:38 p.n	n., ASM (administrative					
		DON (Director or Nursing)					
	and ASM #5, the previ						1
	aware of the above co	ncerns.					
	Review of a CNA inser	•					
	12/20/16 documented	the following: 1. Topics to					

FORM CMS-2567(02-99) Previous Versions Obsolete

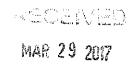
be discussed: Repositioning and skin

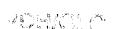
assessments 2. Pressure Ulcer Prevention and 3.

Event ID: 520X tt

Facility ID: VA0002

If continuation sheet Page 55 of 225





PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN. ₹VICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ C 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION JX5J COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) F 282 Continued From page 55 F 282 Differentiate between bunny boots and pressure relief boots...Method of discussion: Hand out and discussion. Review of the signature sheets for this inservice revealed that only 14 out of 51 employed CNAs signed that they attended or understood the inservice. The facility policy titled, "Skin Integrity," documents in part, the following: "Standard: The skin integrity of resident is preserved through adequate nutrition and hydration, daily inspection of the skin, compliance with proper body alignment and positioning and maintenance of maximum mobility. Policy: Residents who have suffered loss of skin integrity receive appropriate treatment. Residents with any broken skin problems are seen by a physician and/or the treatment control nurse. Procedures: 1. Licensed nurse: a. inspects the areas for potential breakdown on a daily basis, b. assess for mobility level, hydration-nutrition status, and presence of irritants, such as tight clothing or topical substances...Follow standards, policies, and procedures for pressure sores..." Review of the facility's Job Description for the Charge Nurse, documents in part, the following: "Job Summary: A. Provides prescribed medical treatment and personal care services to the residents. B. Administration of all medications in accordance with policies and procedures. C.

Assists with clinical staff development of

non-professional employees...Responsibilities...E. Observe and assess residents on a daily basis."

Review of the facility's Job Description for the CNA, documents in part, the following: "Summary of Job Description: Caring for residents in a manner conducive to their safety and comfort

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES					<u>O. 0938-03</u> 91
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	by licensed personnel treatments such as so ambulating residents. Assessments of the recondition. No further information. [1] Metabolic enceptical a term for any diffuse alters brain function of may be caused by infevirus, or prion), metabolic discussions, and progressive trauma, progressive trauma, procygen or blood flow the encephalopathy is an information was obtain institutes of Health. https://www.ninds.nih./Encephalopathy-Informations with exposed bon Slough or eschar may of the wound bed. Ofter tunneling. This informational Pressure Ulca at http://www.npuap.ord.a. The facility staff for the manual pressure Ulca at the process of the facility staff for the manual pressure Ulca at the process of the facility staff for the manual pressure Ulca at the process of the facility staff for the manual pressure Ulca at the process of the facility staff for the manual pressure Ulca at the process of the manual pressure ulca at the process of the manual pressur	and procedure as directed I ResponsibilitiesH. Do paks, preventive skin care, etc. and chart." esident were not part of the I was presented prior to exit. alopathy-Encephalopathy is disease of the brain that in structure. Encephalopathy ectious agent (bacteria, colic or mitochondrial for or increased pressure in exposure to toxic elements lugs, radiation, paints, and certain metals), chronic foor nutrition, or lack of the brain. The hallmark of altered mental state. This fined from The National gov/Disorders/All-Disorders mation-Page Ulcer- Full thickness tissue e, tendon, or muscle. be present on some parts en include undermining and ation was obtained from the er Advisory Panel website	F 24	82			
	rcoidejit π4,						

Resident #4 was admitted to the facility on

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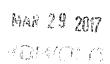
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F 282	with diagnoses includisease, breast cand pressure. On the modata set), a quarterly assessment referen #4 was coded as be impaired for making coded as having recoded as having recoded as having recoded as having recoded as having recoded as having recoded as having recoded as having recoded as having recoded as having recoded as having recoded as having recoded as having recoded as having recoded as having recoded as having recoded as having recoded as having recoded as having recoded as having at through a nasal canditure (three liters per minute) 2/22/17 at 7:45 am; 2/22/17 at 3:55 p.m. A review of the phys revealed the following and electronically signory (oxygen) continuous per minute) via (by worklead to) SOB (show comfort measures experied at the end of life on 2/23/17 at 11:35 nurse) #5 was intervationable at the end of life or oxygen admitted the process for oxygen admitted as a first see a reservation of the process for oxygen admitted the process for oxygen admitted as a first see a reservation of the process for oxygen admitted	cently readmitted on 5/2/16 iding, but not limited to: heart cer, diabetes, and high blood ost recent MDS (minimum y assessment with an ce date of 1/22/17, Resident ing severely cognitively daily decisions. She was reived oxygen during the look es and times, Resident #4 in her bed with oxygen flowing nula (1) at the rate of 3 lpm ute): 2/21/17 at 4:35 p.m.; 2/22/17 at 10:05 a.m.; and ician's orders for Resident #4 in gorder written on 7/17/16 gned by the physician: "O2 ly running 2L/min (two liters vay of) NC (nasal cannula) r/t ortness of breath) and	F2	82		

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Event ID: 520X1t

Facility ID: VA0002

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F 282	at it as she would look LPN #5 stated: "No fiddling with the conductors for oxygen are When asked how she a rate on a concentra stated: "There's and (treatment administration off." When asked if cresident's care plan, believe it is." When a be followed by all stated: "On 2/23/17 at 4:40 p. staff member) #1, the the director of nursing above concern.	k at a portable oxygen tank. One is supposed to be entrator." She stated most e at two liters per minute. E would verify whether or not stor is correct, LPN #5 order. It's also on the TAR tion record) to be signed exygen rate is a part of a LPN #5 stated: "Yes, I asked if the plan of care is to off, LPN #5 stated: "Yes." m., ASM (administrative e administrator, and ASM #2, off, were informed of the off was provided prior to exit. may help you function better	F 282			
	and be more active. Of metal cylinder or other a tube and is delivered following waysThrough consists of two small are placed in both not taken from the websit	Oxygen is supplied in a r container. It flows through d to your lungs in one of the ugh a nasal cannula, which plastic tubes, or prongs, that strils." This information is				
	Potter, 6th edition, Mo applies the nursing pr appropriate and effect process begins with a and analysis of inform	entals of Nursing, Perry and sby, page 278; "The nurse ocess to provide ive nursing care. The nassessment or gathering ation about the client's rse then makes clinical				

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				ı	8830 VIRGINIA STREET			
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F 282	problems, defined as the nurse defines ap a plan of care is deve interventions individu nursing diagnoses. planned interventions maintain the client's interventions, the nur	e 59 client's response to health anursing diagnoses. Once propriate nursing diagnoses, eloped. The plan includes talized to each of the client's The nurse performs all is in an effort to improve or nealth. After administering are evaluates the client's er the interventions were	F	282				
	skin assessments we	iled to ensure that weekly ere performed by qualified ent #4. CNAs performed the ents.					į	
	quarterly assessmen reference date of 1/2 coded as being sever making daily decision completely depender bed mobility and tran always being incontinuous bladder. She was co	MDS (minimum data set), a t with an assessment 2/17, Resident #4 was rely cognitively impaired for its. She was coded as being at on two staff members for sfers. She was coded as tent of both bowel and ded as having one stage 3 as not present at the time of sssion.						
	coded as being mode for making daily decis being completely dep members for bed mol	22/16, Resident #4 was trately cognitively impaired sions. She was coded as						

transfers. She was coded as being frequently

DEPARTMENT OF HEALTH AND HUMAN

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	incontinent of both bo coded as having one with an origin date of On 2/22/17 at 10:05 a of Resident #4 as she change on her sacral (license practical nursithe time of the observapproximately 8 X 9 X was described by LPN wound bed contained granulation tissue (4) dead tissue. LPN #1 nurse for all the reside A review of the physician on 10/17 left buttock with DWC Apply Santyl and dry oprn (as needed)." This 11/16/16. A review of administration record) this treatment was apply A review of the clinical nursing assessment control of 10/19/16. On this assessment control or further narrative informatical or further narrative informatical or sales.	wel and bladder. She was stage 2 pressure ulcer (9), 10/17/16. I.m., observation was made received a dressing pressure ulcer by LPN with the wound nurse. At ation, the wound measured (1 cm (centimeters), and with the wound measured (2 cm), and with the wound measured (3 cm). The approximately 20% pink and approximately 80% stated that she is the wound ents in the facility. It ian's orders revealed the and electronically signed by 7/16: "Cleanse open area to (dermal wound cleanser). It is a corder was discontinued the TAR (treatment for October 2016 revealed)	F 24	82		

11/2/16, and 11/3/16 and signed by LPN #4 revealed, by way of check-off items on the assessments, that Resident #4 had a Stage 2

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F 282	· · · · · · · · · · · · · · · · ·	ses assessments contained or further narrative	F 2	82			
	assistant) skin asses Resident #4 revealed the instructions: "Init	ly CNA (certified nursing sment dated 11/17/16 for dithree initials in a box beside dial here if no abnormalities ose initials were in the box interview.					
	revealed the following 11/16/16: "Cleanse of Normal Saline (5). A dressing QD (every of	cian's orders for Resident #4 g order, dated and signed on open area to left buttock with opply Santyl (6) and dry day) and prn (as needed) rder was documented as 6/16.					
		(treatment administration er and December 2016 nt was completed as					
	evidence of nurses' n	clinical record revealed no otes or wound assessments ocks area for 11/16/16.					
	assistant) skin assess Resident #4 revealed	y CNA (certified nursing sment dated 12/13/16 for I three initials in a box beside ial here if no abnormalities					
	revealed the following 12/16/16: Cleanse of	cian's orders for Resident #4 g order, dated and signed on oen area to sacral fold with					

	MENT OF HEALTH AN	X .		(FOR	D: 03/16/2017 MAPPROVED O. 0938-0391
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	Skin prep (8) peri wou wound). Apply Santyl prn until healed." This discontinued on 1/19/ A review of the TARs f January 2017 revealed completed as ordered. Further review of the cevidence of nurses' no to include meauremen #4's buttocks area for Further review of the codocument titled "Non-FReport" dated 12/21/16 The document contain - "Site/Location (Indica - Condition is: Other - Size in cm (centimete - Exudate (drainage) ty - Exudate amount: sca - Wound bed: Pink/Be - Progress: Not chang - Treatment: Continue - Comments: Two sep together in measurements.	and (skin around the land dry dressing QD and so order was documented 17. for December 2016 and did this treatment was land. clinical record revealed no otes or wound assessments and staging of Resident 12/16/16. clinical record revealed a Pressure Skin Condition 6, completed by LPN # 1. and the following entries: ate on body form): sacrum shear ers): 1.8 X 5 X .01 ype: Serous (clear) ant perfy red ged the parate areas, grouped	F 282			

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- Condition is: Other - shear

Exudate amount: scantWound bed: Pink/Beefy red

Report" dated 12/28/16, completed by LPN # 1. The document contained the following entries:
- "Site/Location (Indicate on body form): sacrum

Size in cm (centimeters): 2.4 X 5 X .01Exudate (drainage) type: Serous (clear)

Event ID: 520X11

Facility ID: VA0002

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MAINE OF FROVIDER OR SUPPLIER			ļ	STREET ADDRESS, CITY, STATE, ZIP CODE		
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F 282	further documentation Resident #4's sacrum 1/5/17. A review of the weekly assistant) skin assess Resident #4 revealed the instructions: "Initiate seen." Further review of the document titled "Wour Evaluation" dated 1/5/ (administrative staff m wound doctor. The dofollowing: "Chief Comon their sacrumAt the primary care physician was seen and evaluate with a stage 3 pressur sacrum of at least 1 de light serous exudate. pain associated with the Pressure Wound of the Wound ExamEtiolog 3.0 Stage 3, Duration is seen and service would be serviced by the serviced serviced by the serviced serviced by the serviced serv	clinical record revealed no regarding the open area on between 12/28/16 and CNA (certified nursing ment dated 1/4/17 for three initials in a box beside all here if no abnormalities clinical record revealed a nd Care Specialist 17 and signed by ASM ember) #4 on 1/5/17, the coument contained the plaint: Patient has a wound e request of [name of n], this 101 year old female ed today. She presents e wound of the medial ay(s) in duration. There is There is no indication of nis conditionStage 3 e Medial Sacrum Focused y (Quality): Pressure, MDS > 1 (greater than one) days, anage Pain, Wound Size	F 28	32		

Light Serous, Yellow Necrotic: 55%, Granulation Tissue: 10%, Skin: 35%, 1/5 (1/5/17) wound over old scar tissue, Dressing: Santyl - once daily, dry protective dressing - once daily."

DEPARTMENT OF HEALTH AND HUMAN \ /ICES CENTERS FOR MEDICARE & MEDICAID SERVICES					(ED: 03/16/2017 RM APPROVED
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F 282	Continued From page	64	F 2	82			
	plan dated 11/3/16 an 1/19/17 revealed, in p "Category: ADL (active Functional/Rehabilitate decline overall; extensitive with ADLS, transfiprovide comfort care in Pressure Ulcer. Over pressure ulcers, bruisic circulatory skin issues (treatment) to sacrum 12/16 - see Tx order [insacral fold. See tx order [wities of daily living) ion Potential: Continues to sive to total assist of one or ers and bed mobility; measures. Category: all decline; Potential for ng, skin tears, diabetic and as well; preventive tx and btw (between) toes. change]; open areas to der. 1/18 area to sacrum have area to sacrum - cont Approach (all approaches is resident for presence of duce, eliminate risk factors sist in turning and . Conduct a systematic ly. Pay particular attention es. Diet as ordered. courage physical activity, motion to maximal in exposure to moisture.					

FORM CMS-2567(02-99) Previous Versions Obsolete

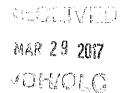
mattress per order."

skin tears and bruising. Treatments per order; refer to wound md (doctor) as indicated. Use incontinent products to maintain personal hygiene and dignity. Use moisture barrier product to perineal area. 1/18 - See new tx order. 1/20 - air

EvenI IO:520X11

Facility IO: VA0002

If continuation sheet Page 65 of 225



PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN **VICES** FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED C 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION JX5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Continued From page 65 F 282 On 2/23/17 at 12:45 p.m., LPN #1, the wound nurse was interviewed regarding Resident #4's sacral wounds. She reviewed the 12/21/16 and 12/28/16 Non Pressure Skin Condition Reports and stated: "There were two separate places. Then one healed up. And the other one opened up." When asked to provide the surveyor with documentation regarding the size, stage and condition of these wounds which precipitated the 11/16/16 and 12/16/16 orders, she stated she was not sure if any documentation existed, and that she would search for it. On 2/23/17 at 3:05 p.m., LPN #1 was interviewed again regarding Resident #4's sacral wounds. LPN #1stated: "The wound doctor saw her back in late summer (2016) for open areas on her sacrum and buttocks. But he stopped seeing her in early September. I think that area had healed. On 11/16/16, we started cleaning an open area

with normal saline and applying Santyl." She stated that as best she remembered, there was only one open area being treated at that time. When asked to provide the documentation regarding the size, stage and condition of this area to which she was applying a debridement

documentation as to why." When asked what the wound looked like, she stated she could not recall. When asked to provide skin assessments between 11/16/16 and 12/16/16 (when the treatment was changed), LPN #1 stated: "There is no documentation." LPN #1 stated: "On 12/16/16, the order was changed to use the Dakins solution for cleansing the wound." When asked to provide documentation as to why the treatment needed to be changed, LPN #1 stated: "There is no documentation as to why." When asked why Dakins would be used instead of

agent, LPN #1 stated: "There is no

PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN /ICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB</u> NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING _ COMPLETED 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 282 Continued From page 66 F 282 normal saline, LPN #1 stated: "You would use Dakins if you needed a cleanser that would fight against bacteria because Dakins kills bacteria." She stated she thought that by 12/16/16, Resident #4 had two open areas on her sacrum. She stated she could not locate any documentation to verify what she remembered. When asked if she remembered anything about the open areas from doing the daily treatments, LPN #1 stated: "I did not think they were pressure. Not at that time, but [ASM #4] told me it was pressure. He said it wasn't shearing, like I had in my notes. I was wrong about that." When asked the process for identifying, staging, assessing and monitoring a pressure area, she stated there should be weekly skin assessments. with measurements and staging. She stated she would ordinarily write a progress note to accompany the weekly assessments. When asked about the process for referring a resident to the wound specialist, LPN #1stated: "If the wound is clean and is a stage 2 or less, we will do a standard treatment. But if the wound starts with necrosis or getting any kind of overlay, we will start using the Santyl. [ASM #4] gets called in if I'm using Santyl." When asked why ASM #4 was not called until 1/5/17 when the Santyl treatment began on 11/16/16, LPN #1 stated: "I'm not sure. [ASM #4] may have been on vacation then." LPN #1 stated: "This was my fault. I should have

more."

been measuring it and documenting assessments

measurements, and I should have notified the PCP (primary care physician) about what was going on. I know I should have been doing

all along. I should have had weekly

On 2/23/17 at 4:10 p.m., ASM #4 was interviewed. When asked if he remembered

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į	seeing Resident #4 in 2016, he stated he di at that time. When a seeing the wound on "No, I don't have a m stated his note indica #4 had from a previor reopened to create th 3 on 1/5/17. When a that Resident #4 had prior to his seeing the he was not aware. Wavoidability of Reside #4 stated: "I guess y nothing is truly, purely this lady is old. It is mand debilitated. Ever wound, scar tissue is skin. She was more I skin failure." On 2/23/17 at 4:25 p. nursing was interview assessment process the CNAs are supposs assessments, usually shower. She stated it area or other type of wasually the wound nurand documenting on the concerns. On 2/23/17 at 4:40 p. administrator, and AS these concerns. On 2/27/17 at 10:00 at #5, a unit manager, wasked about her signal	August or September of d not remember seeing her sked if he remembered 1/5/17, ASM #4 stated: emory of seeing it." He tes the scar tissue Resident us wound broke down and e wound he staged at Stage sked if he had been aware been treated with Santyl wound on 1/5/17, he stated wound on 1/5/17, he stated wound on 1/5/17, he stated wound on 1/5/18, he stated wound make a case that wound make a case that wound make a case that wound and would make a case that wound make a case that wound make a case that wound would make a case that wound would make a case that wound would make a case that wound would make a case that wound would make a case that wound would be assessing the the facility. She stated ed to do weekly skin coinciding with a resident's a resident has a pressure wound, a staff member, see, should be assessing the wound weekly. The make the remember of the wound weekly. The make the remember of the wound weekly. The make the remember of the wound weekly. The make the remember of the wound weekly. The make the remember of the wound weekly. The make the remember of the remember of the wound weekly. The make the remember of the wound weekly. The make the remember of the wound weekly. The make the remember of the wound weekly. The make the remember of the wound weekly. The make the remember of the wound weekly. The make the remember of the wound weekly.	F	282						

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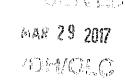
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	knowledge, I didn't didn't directly chart. #4] once with [ASM nurses and wound reporting the skin is was declining media role with skin assess stated she intervene facilitate action from floor nurse. She stawound nurse was a Resident #4's skin imanagers may perfedone by either the videon by either the videon the wound unless care herself. She stated she wound nurse was a documentation shown assurements, and on 2/27/17 at 10:10 who signed the 11/11 sheet, was interviewd completes the skin a resident receives a stated her signal assessed the resident receives a stated her signal assessed the resident receives a stated her signal assessed the resident receives a stated her signal assessed the resident receives a stated her signal assessed the resident resident resident resident resident resident resident resident she has looked treatment. She stated pressure ulcer on he indicated this on the assessment sheet. Resident #4 was received.	document anything myself. I I may have seen [Resident I #4]." She stated that the floor nurse were responsible for issues. She stated Resident #4 cally. When asked about her isments and wounds, she is if there is a need to in the wound nurse and/or the lated she thought that the ware of and "handling" issues. She stated unit form wound care if it is not wound nurse or the floor nurse. Ild not necessarily document is she performed the wound	F	282					

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Event ID:520X11

Facility ID: VA0002

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stag wee that box state off o of ne resid On 2 rega "Wh is no We I anyo skin. doin skin asse som see s new. rece docu state asse any s asse asse On 2 inter CNA found at the state	kly assessment s there are no new where the CNA p ed the floor nurse in this. She state ew areas, she wo dent. 2/27/17 at 3:25 p.i arding skin assess en we give the sh othing new and the ook at the skin." one else was doin CNA #8 stated: g the skin assess assessment sheet essment on admis eone (a resident) something, I'll ask "When asked at ived in regards to immenting skin asses et: "We have had specific education assments and wou specific education assments, just doo ssment sheet." 2/28/17 at 9:20 a.r viewed. She state d no skin issues. e resident's skin r s. She stated he	t there is a place on the heets for the CNA to state areas noted. This is the uts her/his initials. She and unit manager also sign d if there was no indication uld not go and look at the m., CNA #8 was interviewed ments. CNA #8 stated: owers we make sure there at old areas are healing. CNA #8 was asked if g assessments of residents' "The aides are primarily ments, documenting on the ets. The nurses do a skin sion. If I haven't seen for a couple of days and at the nurse if it's something bout the education she had performing and essments, CNA #8 she I in-services for skin about the skin sumenting on the skin sumenting on the skin	F	282				

When asked about her signature on the 12/13/16

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	CNA weekly skin ass	essment sheet meant, LPN	Í	ŀ				
	#16 stated: "That is t remember."	į						
	On 2/20/17 -+ 4/00	ACM #2				ļ		
	On 2/28/17 at 4:00 p.	m., ASM #2 was sked who is responsible for						
	skin assessments and							
	the wound care nurse				ļ			
	wounds. When asked		ľ					
	routine skin assessme							
	are performed by the							
	then prn (as needed).							
	skin assessments." V							
	responsible for the we							
	stated the CNAs perfo							
	the time of the weekly abnormalities, and no]		
		the nurse to perform a skin					İ	
	assessment, she state							
	quarterly, and if the C							
	problem." When aske	Ì				- 1		
	qualified to perform sk							
		e." When asked if a CNA						
	is qualified under train		İ		1			
	perform skin assessm					j		
	"No." When asked ab					İ		
	CNAs regarding routin #2 stated: "CNAs kno							
	usually the same CNA							
		The CNAs are not trained to						
	do skin assessments.						ļ	
	During the survey Res	ident #4's Braden Scale						
		assessments were requested and not provided.				ļ	ļ	
	A review of the facility							
	Integrity" revealed, in _l To promote a systema	part, the following: "Policy: tic approach and						

monitoring process for residents with pressure

DEPARTMENT OF HEALTH AND HUMAN

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PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 282 Continued From page 71 F 282 ulcers and devise an appropriate plan of care to meet the resident's needs in regards to wound management...Residents who are unable to reposition independently will be turned and repositioned every 2 hours according to the established facility turn schedule...The wound nurse will monitor the skin assessments weekly to ensure treatments and interventions are initiated as needed to promote skin integrity and minimize the risk of pressure ulcer formation... Certified Nursing Assistants will be instructed to inspect the skin weekly, document on CNA skin sheet and report any concerns regarding the resident's skin integrity to the Charge Nurse and wound nurse...Pressure ulcers that are currently being treated will be described in the weekly wound documentation...Documentation regarding pressure ulcers and/or wounds will be made in the clinical record at least weekly. Documentation will include but is not limited to the following: 1. Location of the wound. 2. Stage of the wound. 3. Measurement of the wound or ulcer including width, length and depth, 4. Presence, location and extent of any undermining or tunneling. 5. Description of any wound drainage. 6. Description of the wound bed. 7. Description of wound edges and surrounding tissue. 8. Current treatment order and response to current treatment, 9. Compliance or

noncompliance with the plan of care. 10.

Pressure Reduction Devices. 11. intervention to promote healing. 12. Physician notification. 13. Responsible party notification. 14. Negative factors affecting wound healing...If a pressure ulcer fails to show some evidence of progress toward healing within 2 - 4 weeks, the pressure ulcer (including potential complications) and the resident's overall clinical condition will be

DEPART	MENT OF HEALTH AN	ID HUMAN (/ICES			(D: 03/16/2017 MAPPROVED
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1 202	Continued From page		F	282			
	reassessed. Re-evalu	uation of the treatment plan					
	modify current interve	whether to continue or					
	indicatedThe Unit M						
	Multidisciplinary Care						
	retain the current regir						
	rational (sic) for contin						
	treatment."						
	A ravious of a caparate	notion antitled "Chin					
	A review of a separate Integrity" revealed, in						
		in integrity of resident is					
	preserved through add						
		tion of the skin, compliance					
	with proper body align	ment and positioning, and					
		num mobility. POLICY:					
		uffered loss of skin integrity					
		eatment. Residents with					
	any broken skin proble physician and/or the tr	•					
i		nsed nurse: inspects areas					
		n on a daily basisThe					
	licensed nurse implem]
İ		c) the condition of areas					
		eek that includes size,					
		ng, medication, and devices		ĺ			
	used to reduce pressu						
	policies, and procedure	es for pressure sores."					
	(1) The NPUAP (Natio	nal Pressure Ulcer					
		s a pressure ulcer as a					
	"localized injury to th	e skin and/or underlying				İ	
	tissue usually over a b	ony prominence, as a					
		ressure in combination					

with shear and/or friction." This information is taken from Pressure Ulcer Staging Revised by NPUAP. Copyright 2007. National Pressure

Ulcer Advisory Panel. 8/3/2009

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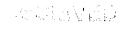
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	http://www.npuap.org (2) Stage 3 - Full thick Subcutaneous fat matendon or muscle are be present but does not itssue loss. May incluturneling. This information the website http://www.npuap.org.clinical-resources/nputegories/. (3) Stage 4 - Full-thick with exposed or direct tendon, ligament, cart Slough and/or eschar (rolled edges), undernoften occur. Depth vall fislough or eschar ob loss this is an Unstage information was obtain https://www.npuap.org/visory-panel-npuap-arnology-from-pressure-d-updates-the-stages- (4) Granulation - "Red of granulation tissue, whealing." Potter and Final Nursing, Sixth edition, (5) Normal saline is "Asolution of electrolytes intended only for steril and cell washing purptaken from the website	kness tissue loss. y be visible but bone, not exposed. Slough may not obscure the depth of de undermining and nation was obtained from /resources/educational-and- rap-pressure-ulcer-stagesca kness skin and tissue loss tly palpable fascia, muscle, ilage or bone in the ulcer. may be visible. Epibole mining and/or tunneling ries by anatomical location. scures the extent of tissue eable Pressure Injury. This ned from the website g/national-pressure-ulcer-ad nnounces-a-change-in-termi -ulcer-to-pressure-injury/. I, moist tissue is indicative which is progressing toward Perry, Fundamentals of page 1487. A sterile, nonpyrogenic in water for injection e irrigation, rinsing, dilution oses." This information is eih.gov/dailymed/archives/fd	F	282			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:520X1(

Facility ID: VA0002

If continuation sheet Page 74 of 225



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website

https://www.medline.com/product/Sureprep-Skin-Protectant-Wipe/Liquid-Bandages/Z05-PF00058.

(9) Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result

DEPARTMENT OF HEALTH AND HUMAN CENTERS FOR MEDICARE & MEDICAID SURVICES

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F 282	over the pelvis and she should not be used to associated skin dama incontinence associatintertriginous dermatit related skin injury (M/(skin tears, burns, abitaken from the websit http://www.npuap.org/	mate and shear in the skin near in the heel. This stage describe moisture ge (MASD) including ed dermatitis (IAD), is (ITD), medical adhesive ARSI), or traumatic wounds rasions). This information is	F2	82			
F 309 SS=D	FOR HIGHEST WELL 483.24 Quality of life Quality of life is a fund applies to all care and residents. Each resid facility must provide th services to attain or m practicable physical, n well-being, consistent comprehensive asses 483.25 (k) Pain Management. The facility must ensu provided to residents of consistent with professions.	damental principle that I services provided to facility ent must receive and the ne necessary care and aintain the highest nental, and psychosocial with the resident's sment and plan of care. The that pain management is who require such services, sional standards of practice, rson-centered care plan,	F3	Resident #6 have been instructed to a non-pharmacological intervention before Norco and to document these measure the progress notes. The care plan has revised to included non pharmacologic vention. The licensed nursing staff assigned to ent #7 have been instructed to check lateral positioning device before document the device is in place. 2. A 100% audit of PRN medications a chart docuemtnion for non pharmalogic interventions has been completed by the ADON and unit managers. The positic devices were also audited at this time. 3. All licensed staff has been educated use of the non pharmalogical interventions documentations prior to adminste PRN medications by DON or designed The restorative nurse and C.N.A's have delegated the responsibility of appling positional devices. The licensed nurse	ttempt ore gilvng es in is been is been or inter- resid- for the menting and cal he coning on the tions hing a e been all is still	03/1/17	
		dialysis receive such ith professional standards ehensive person-centered		responsbile for assuring placement an	đ		

	MENT OF HEALTH AN S FOR MEDICARE &	ID HUMAN .VICES MEDICAID S∷RVICES		(FOR	ED: 03/16/2017 MMAPPROVED
STATEMENT	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DAT	O. 0938-0391 E SURVEY IPLETED
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	by: Based staff failed to pservices to attain or mwell-being for two of 2 sample, Resident #6, fanon-pharmacological in administration of Norce on several occasions in 2017. 2. The facility staff failed ordered left lateral side while in the wheelchair The findings include: 1. For Resident #6, fact on the findings include: 1. For Resident #6, fact on the findings include: 1. For Resident #6, fact on the findings include: 1. For Resident #6, fact on the findings include: 1. For Resident #6, fact on the findings include: 1. For Resident #6, fact on the findings include: 1. For Resident #6, fact on the findings include: 1. For Resident #6, fact on the findings include: 1. For Resident #6, fact on the findings include: 1. For Resident #6 was admit for the finding fact of the finding fact	is not met as evidenced provide necessary care and naintain the highest level of 16 residents in the survey and #7. cility staff failed to provide interventions prior to the 15 /325 mg (milligrams) in January and February of 19 ed to implement physician a support for Resident #7 r. cility staff failed to provide nterventions prior to the 19 failed to provide nterventions prior to the 19 failed to provide nterventions prior to the 19 failed to provide nterventions prior to the 19 failed to the facility on 19 failed to high 19	F 309	cont signing the treatment sheet. 4. PRN medication usage and positive devices will be reviewed for docum weekly in the risk managment meet. The QA committee will monitor.	entation	03/22/17

interview for mental status) exam. Resident #6

PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN ?VICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING __ С 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Continued From page 77 F 309 was coded as requiring extensive assistance with transfers, dressing, and eating, and total dependence on staff with bathing. Review of the most recently signed physician order sheet documented the following order: "Norco 5/325 mg (milligrams) 1 tab (tablet) po (by mouth) TID (Three times day) prn (as needed) for pain." This order was initiated on 01/05/17. Review of Resident #6's January 2017 MAR (Medication Administration Record) revealed the following order: "Norco (hydrocodone-acetaminophen)-Schedule II tablet; 5/325 mg; Amount to Administer: 1 tablet; oral. Three Times a Day -PRN (as needed)." Norco was documented as administered on 1/28/17 at 8:10 p.m., and 1/29/17 at 7:27 p.m. Under "Reasons/Comments" the following was documented: "1/28/17 8:10 p.m., PRN Reason; Pain, Comment: given at 3:45 p.m. pain moaning unale (sic) to rate. 1/29/17 7:27 p.m., PRN Reason: Pain, Comment: moaning unable to rate." Non-pharmacological documented interventions

documented:

p.m.

could not be found in the nursing notes prior to the administration of the PRN Norco on 1/28/17.

Review of Resident #6's February 2017 MAR revealed that Norco was administered to

Resident #6 on 2/1/17 at 7:34 p.m., 2/4/17 at 8:07 p.m., 2/10/17 at 8:18 p.m., and 2/18/17 at 7:17

Under "Reasons/Comments" the following was

"2/01/17 7:34 p.m., PRN Reason: Pain,

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	moaning unable to ra 2/10/17 8:18 p.m., PF moaning, unable to ra 2/18/17 at 7:17 p.m., Comment: moaning unable to ra 2/18/17 at 7:17 p.m., Comment: moaning unable to ra 2/18/17 at 7:17 p.m., Comment: moaning unable to record the administration of the administration of the 2/19/17, 2/10/17 and 2 review of Resident #9/20/16 and updated attempting non-pharm prior to the administration of the admi	Inable to rate. RN Reason: Pain, Comment: Ite. RN Reason: Pain, Comment: Ite. PRN Reason: Pain, nable to rate." documented interventions the nursing notes prior to he PRN Norco on 2/1/17, 1/18/17. S's Pain care plan dated on 11/7/16, did not address acological interventions tion of Norco. Im., an interview was icensed practical nurse) #4. Process of administering IPN #4 stated that nursing armacological intervention sident to a quieter room, asked if interventions attempted did, LPN #4 stated, that interventions are stated, "In the nursing if she could identify the only and the pain medication for	F	309			
	"This is (Name of LPN LPN #16 could not be due to an emergent si	reached for an interview					

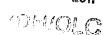
FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 520X11

Facility ID: VA0002

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DEPARTMENT OF HEALTH AND HUMAN CENTERS FOR MEDICARE & MEDICAID SERVICES

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PRINTED: 03/16/2017 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING			
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F 309	conducted with LPN asked about the propain medication, LF first find out the resimple would then attempt interventions prior to medication. When interventions should record, LPN #2 stat what it meant, if the non-pharmacologica and pain medication stated, "I would asse (non-pharmacological of the above concertions of the above concertions and pain medication stated, "I would asse (non-pharmacological of the point (Director of the above concertions) and the point point the part of the above concertions and the properties of 1-10 with 10 experienced and 1 to your pain? 2. What is	a.m., an interview was N #2, the unit manager. When ocess of administering prn PN #2 stated that she would ident's pain level. LPN #2 non-pharmacological or administering pain asked if non-pharmacological doe documented in the clinical ed, "Should be." When asked re were no all interventions documented in was administered, LPN #2 ume the nurse didn't do it cal interventions)." D.m., ASM (administrative the administrator, and ASM #2, of Nursing) were made aware this. "Daily Pain Assessment," the following: "Management of the Complaints of Pain1. On a Dobeing the worst pain the least, how do you rate makes your pain better?, 3.	F3	309		:		
	relaxation, returning repositioning etc. 4. alternatives to that v resident is unable to pain rating, observe facial expression. 6. scale at the bottom resident is alert and what increases the p	medication, such as, to bed, warm compress, Medicate if there are no other will help the resident. 5. If the prelate a number for his/her the resident's demeanor and Use the facial expression of this sheet. 7. Of the can relate information, ask pain and what decreases the and of pain it is, shooting,						

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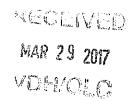
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	throbbing, dull, etc (sic.) the resident's this information in 30-60 minutes after document effective mentioned scales. No further informat [1]-Hydrocodone a combination used to pain. This informat National Institutes https://www.ncbi.nl T0010590/?report= [2]-Aphasia is a distinguish the parts of the bramake it hard for you you mean to say. It who have had a strinjuries, and demer information was oblinstitutes of Health. https://medlineplus [3]- Multiple scleros disease that affects damages the myeli surrounds and protidamage slows dow between your brain symptoms of MS. from The National I https://medlineplus.	icking, pulling, sharp, 9. Observe how pain effects is quality of life. Document all of the chart. 10. Reassess pain in ar giving medication and eness using the above ion was presented prior to exit. Ind acetaminophen to treat moderate to severe ion was obtained from the of Health. Im.nih.gov/pubmedhealth/PMH Indetails. order caused by damage to in that control language. It can to read, write, and say what is most common in adults oke. Brain tumors, infections, intia can also cause it. This tained from the National Ingov/aphasia.html. Ingov/aphasia.html. Ingov/aphasia.html	F	309			
	∠. ⊤ne tacility staff f	ailed to implement physician	1	1			1

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Event ID: 520X1t

Facility ID: VA0002

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DEPARTMENT OF HEALTH AND HUMAN ?VICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED
		495358			- 	C 03/39/3047
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F 309	while in the wheeld Resident #7 was a 6/23/14 and readm Resident #7's diag limited to: dementia Parkinson's diseas disorder and history most recent MDS (assessment with an date) of 12/24/16, (severely cognitively of a possible 15 on status. Section G of extensive assistant bed mobility, transf Review of Resident physician's order so physician on 1/13/1 for the resident to h all times while up in Resident #7's comp problem start date of FALL RISK R/T (rel COMBATIVE BEHA ANXIETY; PSYCHO (medications); VISI SINCE ADMITAp SUPPORT AT ALL (Wheelchair)" On 2/22/17 at 9:25 #7 was observed in day room. No left is device was observed	side support for Resident #7 chair. dmitted to the facility on itted to the facility on 6/18/15. noses included but were not a with lewy bodies (1), e (2), generalized anxiety y of falling. Resident #7's minimum data set), a quarterly n ARD (assessment reference coded the resident as being y impaired, scoring a three out the brief interview for mental coded the resident as requiring the of two or more staff with ters and walking in the corridor. It #7's clinical record revealed a summary signed by the 7 that documented an order have left lateral side support at in the wheelchair. Orehensive care plan with a of 1/6/17 documented, "HIGH ated to) CONFUSION; AVIOR; INCREASED	F	309		

	MENT OF HEALTH AN			.(PRINTE FOI	ED: 03/16/2017 RMAPPROVED
CENTER	S FOR MEDICARE & I	MEDICAID SERVICES				IO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DAT	E SURVEY MPLETED
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F 309	Continued From page	82		00		
	back of the wheelchai		F 36	09		ļ
	back of the wheelchar	i and the annifest.				
	On 2/22/17 at 3:44 p.r	m an interview was				
		egistered nurse) #5. RN #5				
		ig staff was made aware of				
		g devices were required for	İ			
	each resident. RN #5	stated nurses should see				
	orders for the devices	in the physician's orders				
		administration record. RN				
		hould pass that information				
	on to CNAs during rep					
	positioning devices are	e in place.				
	On 2/22/17 at 4:50 p.n	n an interview was				
		certified nursing assistant)				
		Resident #7). CNA #3	Ì			
		as made aware of what				1
		ices were required for each				
		ed usually she knows but				
		she had a question. CNA]
Ì		department in-services staff				
		g device is implemented.				
		Resident #7 was supposed	ļ			
	at one point in time the	g devices. CNA #3 stated				}
		ned down in the resident's				
		positioning because the				!
		side. CNA#3 confirmed				
1		ve the device placed in the				
		out him in the wheelchair				
I	•	hat had happened to the				
	device.	• •				
	On 2/27/17 at 5:50 p.m	n., ASM (administrative				
	staff member) #1 (the a	administrator) and ASM #2				

above findings.

(the director of nursing) were made aware of the

The facility document titled, "Assistive Devices

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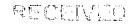
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	CORRECTED COPY	1	STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA, VA 23002	<u> </u>	<u>!/28/2017</u>	
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F 309	use the least restricting high risk residents[are the followingSide align ment" No further information (1) "Lewy body diseat common causes of department is the loss enough to affect normal relationships. Lewy be abnormal structures, in areas of the brain obtained from the ween the structure of the brain don't proceed the brai	mented, "Policy: Facility is to be device for positioning in Devices currently available de padding for trunk on was presented prior to exit. Se is one of the most ementia in the elderly. For mental functions severe hal activities and body disease happens when called Lewy bodies, build up of this information was besite: Device (PD) is a type of the policy of the	F3	609			
F 314 SS=G	483.25(b)(1) TREATM PREVENT/HEAL PRE (b) Skin Integrity - (1) Pressure ulcers. E	ESSURE SORES	F3	14 1. Resident #13 has expired. Resident #4 is currently being followed weekly by the would care MD. The treatment nurse is doing treatments as ordered and completing weekly assessments with measurements. When the treatment nurse is not in the facility, the charge nurse does the treatments.	id t-	03/22/17	
	comprehensive asses facility must ensure the (i) A resident receives	sment of a resident, the at-		All residents receiving wound care have been auduited by the DON or designee for approriate staging documentaiton and weel measurements.	ly	03/29/17	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ulcers unless the indidemonstrates that the demonstrates that the demonstrates that the demonstrates that the demonstrates that the demonstrates that the demonstrates that the professional standard healing, prevent infection developing. This REQUIREMENT by: Based on observation document review and was determined that the provide the necessary consistent with professionsistent with professionsistent with professionsistent with professionsistent with professionsistent with professionsistent with professionsistent with professionsistent with professionsistent with professionsistent with professionsistent with professionsistent with professionsistent with professionsistent with profession of the emergence admission the emergence admission the emergence at the inaccurately idea. 2. Resident #4 was do stage II pressure sore receiving treatments wound measurements 1/5/17 the wound care deterioration of the professions.	does not develop pressure vidual's clinical condition by were unavoidable; and ressure ulcers receives and services, consistent with its of practice, to promote tion and prevent new ulcers is not met as evidenced in, staff interview, facility clinical record review, it he facility staff failed to retreatment and services sional standards of ealing of pressure ulcers for the survey sample, recurately identified a new as an abrasion that was documented as a Stage III retrained and provided prior notified sacral area 2/4/17. The weekly skin assessments could not be provided prior notified sacral area 2/4/17. The cumented as having a on the sacrum and as retrained responsible for the sacrum and responsible for the sacr	F 31	4 3. The licensed nursing staff has be ated on wound staging and wound ments. It is the responsibility of the admits or notes a wound on a resid document the demensions of the word cause, the stage if pressure also to MD for a treatment and the RP. If ment nurse is on duty she is to be a and it is her responsibility to follow treatment nurse is receiving educat DON and Designee on staging, prepressure wounds, measuring wound weekly assessments and document. 4. The unit manager on each unit wounds and documentation. The trause will report on wounds weekly risk management meeting and quatured QA meeting.	measure- nurse who dent to cound, the o notify the the treat- notified up. The tion by essure, non ds, and tation.	03/22/17	

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Event ID: 520X11

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DEPART	MENT OF HEALTH AN	ID HUMAN ?VICES			(D: 03/16/2017 MAPPROVED
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				ı	830 VIRGINIA STREET		
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F 314	Continued From page	e 85	F	314			
,	The findings include:						
	8/4/16 and readmitted that included but were encephalopathy [1], P the sacral region [2], P blood pressure, prosta Resident #13's most rest) was a significant ARD (assessment reference and the ability scoring 03 on the Staff Status Exam. Reside requiring total depend staff with transfers, be	to make daily decisions ff Interview for Mental					
	was a quarterly assess (assessment reference Section M. "Skin Cond Resident #13 as being pressure ulcers. Section Pressure Ulcer(s)" doc "Does the resident have pressure ulcer(s) at St (zero) was documente had no pressure areas Review of Resident #1	e date) of 11/12/16. ditions" of the MDS coded g a risk of developing tion M2010. "Unhealed cumented the following: /e one or more unhealed age 1 or higher? " A"0" d indicating Resident #13 at that time. 3's clinical record revealed					
]	the following pureing a	ote dated 2/4/17 at 3:05]	

a.m., "Resi (Resident) is A&O x 1 (alert and oriented to self). Resi is able to communicate some needs. Resi is resting in bed with eyes

DEPART	MENT OF HEALTH AN	ID HUMAN (/ICES			. (_		D: 03/16/2017
CENTER	S FOR MEDICARE &	MEDICAID SERVICES					MAPPROVED <u>D. 0</u> 938-0391
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION MAPS 358 NAME OF PROVIDER OR SUPPLIER AMELIA NURSING CENTER CORRECTED COPY (X4) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION, REGULATORY OR LSC IDENTIFYING INFORMATION, REGULATORY OR LSC IDENTIFYING INFORMATION, PARKINSON'S DISEASE. No s/sx (signs or symptoms) of distress or discomfort noted at th time. No do (complaints) pain voiced when questioned. Skin warm and dry to touch. Area noted to resident's sacrum and scrotum, resi positioned on side and note for treatment nurse evaluate. Other treatments applied per MD (medical doctor) orders, resi tolerated well" Review of a non-pressure skin condition report for Resident #13 documented the following: "De First Observed: 2/4/17, Site/Location: Inner, upper, sacral fold. (Will have Dr. (Name of wound care doctor) eval (evaluate) 2/9/17. Condition is a" A check mark was documented under "Abrasion" indicating that two of the areas were found to be abrasions. A check mark was also documented under "Old scar" indicating that one of the areas was an old scar. Further review of the non-pressure skin condition.	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	closed at this time. R	esp (Respirations) even and	'				
	non-labored on RA (R	loom Air). HOB (Head of					
				İ			
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	(medical doctor) order	s, resi tolerated well"					
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I .							
	Further review of the n	on-pressure skin condition					
	report for Resident #13						1
	following: "Date: 2/4/17	7, Size in cm (centimeters)					
	0.1 x 0.1 x 0, Exudate						
		ing: 0, Undermining: 0,				i	1
	vvound Bed: Pink/Beet Color: Normal for skin,	y red, Surrounding Skin					ĺ
		Normal for skin. Culture					

sent: No, Progress: New, Treatment: Continue treatment, Comments: Top, Pin-point area sacral fold, Triad paste q (every) shift, Pinpoint area.

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F 314	0, Exudate type: N Tunneling: blank, L Bed: black/brown, Normal for skin, Su edges: Normal for Progress: New, Tre Comments: Scar a area-firm, not musl (every shift). Date: 2/4/17, Size 1, Exudate type: N Tunneling: 0, Under Pink/Beefy Red, Su for skin, Surroundin Normal for skin. Cu Treatment: Continu Small abrasion at le (every) shift." This completed by the w Review of the Wee sheet dated 2/2/17 on 2/4/17, documend skin tear to his identified to on the A nursing skin asseculd not be found sacral area found on Resident #13's most the 2/4/17 discover documented on 1/2 documented as hav "Moderate Risk" for	in cm (centimeters) 2.0 x 1.0 x one, Exudate amount: None, Undermining: blank, Wound Surrounding Skin Color: Irrounding tissues/wound skin. Culture sent: No, eatment: Continue treatment, rea to sacral fold, scar my or boggy. Triad paste q in cm (centimeters) 0.6 x 0.3 x None, Exudate amount: None, ermining: 0, Wound Bed: Irrounding Skin Color: Normal mg tissues/wound edges: Illure sent: No, Progress: New, re treatment, Comments: Dower end of scar area. Triad quenting the sacral area found and the the resident as having an iteft arm. No areas were sacrum. In the sacral area found and the the test of the sacral area found of the test of the sacral area found of the the test of the sacral area found of the the sacral areas were sacrum. In the sacral areas was only 17. Resident #13 was fing a score of 13-14	F 314				

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Event ID: 520X11

Facility ID: VA0002

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PRINTED: 03/16/2017 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI			(X3) DATE SURVEY		
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	"2/4/17 Order descrip (every) SHIFT to inner areas, after cleansing Frequency: Every Sh and verified by the wo Further review of Res dated 2/4/16 docume Order description: Pro (milliliters) p.o. (by mo promote wound healing and verified by the wo Review of Resident # orders dated 11/15/16 order initiated for an a This air mattress cont survey 2/21/17 through through 2/28/17. Review of Resident # 2/5/17 at 1:32 p.m., reshad been sent out to the was documented: "Resident # 2/5/17 at 1:32 p.m., reshad been sent out to the was documented: "Resident # 2/5/18 (blood pressur (respirations), 97.9 (te (oxygen) RA (room aid doctor) (name of med be sent to eval (evalual status). RP (responsible aware."	documented the following: stion: Apply Triad Paste Q er sacral fold and sacral g with normal saline. ift." This order was created bund care nurse. sident #13's physician orders inted the following: "2/4/17 bestat [3] sugar free 30 ml buth) BID (twice a day) to ing." This order was created bund care nurse. 13's telephone physician 6, revealed that he had an ir mattress on 11/15/16. inued to be in place during ith 2/23/17 and 2/27/17 13's nursing notes dated evealed that Resident #13 the hospital. The following mains slow to respond. Is epting food or fluids. S. (Vital Signs Stable). e), 89-(pulse), 16- emperature), -196% (sic) c). Spoke with MD (medical cal doctor) and approved to ate) for AMS (altered mental ole party) (name of rp)	F	314				
	at 2:15 p.m. documen d/c (discharged) to (N	nursing noted dated 2/5/17 ted the following: "Resident ame of Hospital) and was						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:520X t1

Facility IO: VA0002

If continuation sheet Page 89 of 225





PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN ₹VICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING С 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 314 Continued From page 89 F 314 with hospital regarding return." Review of the emergency department notes dated 2/5/17 at 3:15 p.m. documented in part, the following: "HPI (History of Present Illness) comments: 79 year old with past medical history significant for HTN (high blood pressure). Parkinson's Disease, prostate cancer. hypercholesteremia (high cholesterol) and dementia who presents to the ED (emergency department) via EMS (Emergency Services) with chief complaint of altered mental status. Pt's (patients) daughter reports pt has altered mental status from his baseline with decreased responsiveness, lethargy, and some confusion. Pt's daughter reports pt "not normally very talkative" but says over the last couple of weeks pt has had decreased responsiveness. Pt's daughter states pt has also had difficulty in swallowing and decreased po intake. Pt's daughter states pt is on pureed, thin liquid diet. Pt's temperature was found to be 100.4 F (Fahrenheit) rectally upon arrival to the ED. Pt's daughter stated pt has hx of Parkinson's but recently stopped having tremors. Pt's daughter states staff at pt's nursing home thought pt may have had a seizure about a week ago and was seen at (Name of hospital) and had a negative work up...Physical exam... Stage 3 pressure ulcer

intake."

to mid sacrum approx (approximately) 1.5 cm (centimeters) in length...Diagnosis management comments: Given febrile (with fever)-check for flu, PNA (pneumonia), uti (urinary tract infection), sx (symptoms) could be from pressure ulcer...will likely need admission due to poor po (by mouth)

Review of the hospital history and physical dated 2/5/17 at 5:15 p.m., documented in part, the

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	old) African American infected decubitis ulce unstageable sacral de wound, drainage and odorAssessment/Pla (2/5/17) -continue with [5] - Wound Care consintervention." Review of the hospital dated 2/6/17 at 6:53 p following: "(Name of Reside to the conversant, pleasant 7 resides in a nursing far ADL (activities of daily in the electronic record altered mental status, I normal baseline over the been admitted to (nam seizure activity. On a rebeen found to have a rebeen admitted for work Review of the hospital 2/8/17 documents in pa Preoperative diagnoses ulcer. Postoperative diagnoses ulcer. Postoperative diagnoses	Resident) is a 79 y.o (year male who is admitted with arphysical examskin: icubitus ulcer, with debris in anInfected decubitis ulcer a zosyn [4], add vancomycin sult, may need surgical general surgery consult a.m., documents in part, the esident #13) is a 79 y.o in foul smelling sacral lent #13) is poorly and (male) who currently cility for care of multiple living). Per family history and the last month. He has also in e of hospital) with recent examination, he has new sacral ulcer. He has sup and evaluation. The content is a content in the last month are the cart, the following: See 1. Unstageable sacral agnoses: 1. Stage IV zeed skin, subcutaneous	F 314			

Review of the hospital discharge summary dated 2/14/17 at 11:32 a.m., documented in part, the following: "(Name of Resident) is a 79 y.o.

admitted to (Name of hospital) and treated for the following: Infected stage 4 sacral ulcer/ Fever POA (present on admission), due to immobility.

DEPARTMENT OF HEALTH AND HUMAN VICES
CENTERS FOR MEDICARE & MEDICALD SURVICES

PRINTED: 03/16/2017 FORM APPROVED OMB NO: 0938-0391

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F 314	Wound cultures isol [7] and Strep [8] speceftriaxone [9]. See is sp (status) post dabscess on 2/8. He ceftriaxone but now Review of Resident the following note di "MDS/Care plan revreadmitted to this fa hospice care; hospit Resident #13) was a infected decub (deccare nurse evaluate before hospitalization excoriation noted to at hospital; wound w 2/8/17Resident with change with an ARE care" Review of Resident 11/23/16 and revised documented the followers wire incontinence), Recofor skin B/D (breakd and circulatory skin toes-receiving proter Resident will remain 11/23/16: Assess resident 2/8.	ated scant E coli [6], Proteus acies, all sensitive to an by wound and surgery. He abridement and drainage of a has been on IV (intravenous) a going on hospice." #13's nursing notes revealed ated 2/15/17 at 8:36 p.m.: riew, (Name of Resident) was cility on 2/14/17 under tal states that (Name of admitted to them with an aubitus) to sacrum; wound do resident's skin the day on and there was only his sacrum; Received IV ABX was debrided on II be done as a significant of 2/20/17 due to hospice #13's care plan dated do 2/4/17, 2/15/17 and 2/16/17 owing under category: sist with all ADLS, transfers, sisodes of uncont elives ASA (aspirin), potential own), bruising, skin tears,	F	314			
I .	Conduct a systemic weekly, daily, etc. F bony prominences.	proach Date: 11/23/16: skin inspection (specify Pay particular attention to the Approach date: 11/23/16: d nutritional intake. Approach					

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	date 11/23/16: Encou mobility, and range of potential. Approach dand dry as possible. Moisture. Approach disigns of skin breakdous broken areas). Approach disigns of skin breakdous broken areas). Approach disigns of skin breakdous broken areas). Approach disigns of skin breakdous broken areas). Approach in the same and sacration with the following as a sacrum and sacratic sacrum will heal by 2/2. Resident #13's care pour 2/15/17 and document Resident treated with (antibiotics) at hospital sacrum-See new treat at the hospital." Residupdated again on 2/16 following: "Sacral decustage IV (four). Being (doctor)area on sac Further Review of Resident #16/16 that document turning and repositioni bed and when (arrow of the treatment per order indicated." Review of Resident #16/17 (Treatment Administratic that Resident #13 received.	rage physical activity, imotion to maximal ate 11/23/16: Keep dean Minimize skin exposure to ate 11/23/16: Report any wn (sore, tender, red, or each date 11/23/16: Use products to maintain dignity." Resident #13's don 2/4/17 and ving: "2/4- open areas noted fold, TriadAreas in 14." Ian was also updated on ted the following: "2/15 IV (intravenous) abx I for wound infection to ment orders. Area debrided ent #13's care plan was 6/17 and documented the 1/10 (decubitus) ulcer is a followed by wound Dr rum will heal by 3/12."	F	314					

No documentation such as skin assessments

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PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN **?VICES** FORM APPROVED CENTERS FOR MEDICARE & MEDICAID JRVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED С 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE CATE DEFICIENCY) Continued From page 93 F 314 regarding Resident #13's sacral area could be found in the clinical record from the time the abrasions were discovered and assessed by the wound care nurse to when the resident was admitted to the emergency department on 2/5/17 at 3:15 p.m. with a stage three sacral pressure ulcer. Further review of the clinical record revealed that the wound care specialist saw Resident #13 on 2/16/17. The wound care specialist documented the following: "Stage 4 pressure of the sacrum. Wound size 8.2 x 7.8 x 2.0 cm. Exudate: light serous." On 2/27/17 at 10:19 a.m., an interview was conducted with LPN (licensed practical nurse) #4, a nurse who works regularly with Resident #13. When asked about the process of conducting skin assessments, LPN #4 stated that skin assessments were conducted weekly when the CNA (certified nursing assistant) gives the resident a shower. LPN #4 stated that the CNA will write any new skin areas on a CNA skin assessment sheet, or will document that no new areas were found. LPN #4 stated that she will sign the sheet after the CNA completes the sheet.

When asked what her signature signifies, LPN #4 stated that her signature signifies that she has assessed the resident when the CNA alerts her of a new skin area. LPN #4 stated that she will go in and physically look at the new skin area. LPN #4 stated that she will not look at the resident if the CNA documents that no new areas were identified on the sheet. LPN #4 stated that the Unit manager will also sign the skin sheet but will

not look at resident unless a new area is identified. When asked if nursing completed a skin assessment separate from the CNA's

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	area is found, she wi When asked about the when a new area is in #4 stated that she wo treatment nurse if she stated that if the treat building, she herself and assess the area stated that she was owere identified to Resthat when she returned week, Resident #13 wasked if she was even new skin areas to Release that the nurse areas on 2/4/17 no loom The nurse who found be reached for an interest of the treatment	LPN #4 stated that if a new II do her own assessment. The process followed by staff identified by the CNA, LPN and refer the resident to the set is in the building. LPN #4 ament nurse is not in the cort the unit manager go in and measure. LPN #4 aff when the sacral areas sident #13. LPN #4 stated and to the facility the following was at the hospital. When are made aware or noticed any sident #13 prior to 2/4/17, he was not aware of any new as sores and she did not to Resident #13. LPN #4 who identified the sacral anger worked for the facility. The sacral areas could not enview. I.M., an interview was and the wound care nurse in assessing skin areas, he makes rounds on a cor assesses new skin areas, he makes rounds on a sor assesses new skin areas, he makes rounds on a sor assesses new skin althat nursing will alert her of LPN #1 stated that the loctor) also makes rounds ound needs to be followed and that looks infected. Its familiar with Resident at she was. When asked if	F	314				

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DEPARTMENT OF HEALTH AND HUMAN VICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 314	evaluated Resident after she arrived on night shift nurse's to When asked what sassessment, LPN # small open pin-poir #13's sacral fold. LI noticed an old scar fold. LPN #1 stated the cleft, it was not center. I just though breakdown." LPN # an abrasion to Resialso thought it was breakdown. LPN # (medical doctor) to the hospital." When skin assessment or usually the CNA do baths or showers. I change in the residualert the nurse and her. LPN #1 stated an aide saw a chan on 2/4/17. LPN #1 night shift pointed it nurse)." When aske areas could have be abrasions and were LPN #1 stated, "It re shocked when he could conducted with CNA regularly work with I how often CNAs che #23 stated, "Everydown in the reverse in the conducted with CNA regularly work with I how often CNAs che #23 stated, "Everydown in the conducted with CNAs che #23 stated, "Everydown	ge 95 a. LPN #1 stated that she is #13 that morning, shortly is shift, and agreed with the reatment plan for Triad paste. She observed during her if stated that she noticed a at area to the top of Resident PN #1 stated that she also to the resident's inner sacral id, "The scar was at the top of mushy or anything in the thi it was the beginning of if also stated that she noted dent #13's lower sacrum and the beginning of skin 1 stated, "I planned for the MD see it, but the resident went to a saked who conducts weekly a residents, LPN #1 stated that the skin assessments during LPN #1 stated that if there is a sent's skin condition, they will the nurse will sometimes alert that she thinks the first time ge in Resident #13's skin was stated, "I think the CNA on out to (Name of night shift and if Resident #13's sacral seen possibly misidentified as pressure ulcers on 2/4/17, shally didn't look like that. I was ame back with a stage 4." D. M., an interview was A #23, a CNA who used to Resident #13. When asked seck the resident's skin, CNA any when providing care. If we will notify the charge	F	314		

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	Nursing would take it stated that she hadn't when his sacral areas recall if Resident #13 areas. On 2/28/17 at 8:40 a.r. conducted with CNA (#21, a CNA who had (director of nursing) to CNA on 2/4/17. CNA find Resident #13's sk "He was not my patier stated that she was cowas CNA #42 on 2/4/2 On 2/28/17 at 8:55 a.r. a.m., interviews were CNA #42 could not be On 2/28/17 at 9:55 a.r. #13's wound was conducted nurse) #1. R with a stage 4 pressur 2.4 cm (centimeters). On 2/28/17 at 2:09 p.n. conducted with CNA (#18, a CNA #18 was as the resident's skin. CNevery day with bed bat	rse if she is on the unit. from there." CNA #23 worked with Resident #13 were found. She could not had any current sacral m., an interview was certified nursing assistant) been identified by the DON have been the night shift #21 stated that she did not in area. CNA #21 stated, at that night." CNA #21 ertain Resident #13's CNA 17, 11-7 shift. n., 9:20 a.m., and 10:02 attempted with CNA #42. reached for an interview. n., observation of Resident ducted with LPN (licensed esident #13 was observed e ulcer measuring 6.5 x 7 x Light drainage was noted. n., an interview was certified nursing assistant) is regularly with Resident ked when CNA's look at NA #18 stated, "Basically ths and showers. If there e skin we report this to the	F 31	4		

stated that the nurse would look at the resident's skin after the CNAs alert them of a new condition. When asked if she ever saw Resident #13's skin prior to him going out to the hospital in early

DEPARTMENT OF HEALTH AND HUMAN VICES
CENTERS FOR MEDICARE & MEDICAID SURVICES

PRINTED: 03/16/2017 FORM APPROVED OMB NO. 0938-0391

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		495358	B. WING_				 /28/2017
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AWELIAN	OKSING CENTER	CORRECTED COPY		AME	LIA, VA 23002		
(X4) ID		TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECT	ON	 IX5)
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F 314	Continued From page	e 97	F:	314			
	February, CNA#18 s	stated that she was not	Į.				
	informed the resident	t had any skin issues until he					
	came back from the h	nospital.					
	On 2/28/17 at 2:27 p.						
	conducted with ASM	•		•			
	•	N (Director of Nursing) and		1			
		DON. When asked if it					
	was possible for a ski	-					
		nree pressure ulcer in a 24					
		stated, "Folks observe					
	wounds in different w						
		nd the nurse thought it was 5 stated that the wound care					
		iagnosed or misstaged					
	-	l area on 2/4/17. When					
	asked if they could fir						
İ		areas after the abrasions		-			
		e the resident went out to					
		stated, "I'll see if I can find					
	anything." ASM #5 st						
	On 2/28/17 at 3:01 p.	m., an interview was					
	conducted with ASM	#4, the wound care					
ļ	physician. When ask	ed if he was familiar with					[
ļ	Resident #13, ASM #	4 stated that he has saw					
İ	Resident #13 when he	e arrived back from the					
	hospital with a stage	4. ASM #4 stated that he					
		nt #13 prior to re-admission.					
	When asked if it was	possible for an abrasion to					1
		into a stage three in a 24					
		stated that with Resident					
		very possible for a wound					
		ASM #4 stated, "When I					l
		debilitated." ASM #4					ł
		as were found, they were					ŀ
	probably more than ju	ist abrasions."					į
	On 2/28/17 at 3:38 p.i	m., ASM #2, the DON and					

CENTERS FOR MEDICARE & MEDICAID SLAVICES					OMB N	O. 0938-0391
• · · • · · · · · · · · · · · · · · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG	(X3) DAT	E SURVEY MPLETED
	495358		B. WING_		0:	C 2/28/2017
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				8830 VIRGINIA STREET		
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				AMELIA, VA 23002		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 314	the concern for harm. eliminate the concern When asked the proceassessments, ASM # check the skin during found, the CNAs woulstated that the nurse of the new area. ASM # time, the nurses are dook at the skin. Whe education the CNAs his skin, ASM #2 stated the know if something is contained to alert the nurse. When able to determine areas of reconstruction of the CNA was qualified to a ASM #2 stated that the nurses should new area is identified if nursing should be considered.	Any documentation to for harm was requested. ess for conducting skin 2 stated that CNAs would a bath and if a new area is d alert the nurses. ASM #2 would come in to evaluate 2 stated that most of the lependent on the CNAs to n asked what type of ave to assess the residents' nat the CNAs definitely different on the resident and any area of redness, ASM s confident the CNAs could dness. When asked if a conduct a skin assessment, e CNAs were not qualified and reported. When asked onducting skin assessment	F3	314		
	showers or care, ASM					
	On 2/28/17 at approximate of the presented a skin integuence when the nurses conditions of the conditi	mately 4:50 p.m., ASM #5 rity policy. When asked uct skin assessments, ASM v aren't doing them. That's a				
		tion could be presented 3's sacral wound prior to				

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Event ID: 520X tt

Facility ID: VA0002

If continuation sheet Page 99 of 225



PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN ₹VICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ C 495358 B. WNG 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMEL(A NURS(NG CENTER CORRECTED COPY AMEL(A, VA 23002 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 314 i Continued From page 99 F 314 Facility policy titled, "Pressure Ulcer Prevention and Care" includes the NPUP [National Pressure Ulcer Advisory Panel] Staging/Coding Guidelines. The following was documented: "Suspected Deep Tissue Injury: Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue, Further description: Deep tissue injury may be difficult to detect in individuals with dark skin tones. Evolution may include a thin blister over a dark wound bed. The wound may further evolve and become covered by thin eschar. Evolution may be rapid exposing additional layers of tissue even with optimal treatment. Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area. Further description: The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue. Stage 1 may be difficult to detect in individuals with dark skin tones. May indicate "at risk" persons, Stage II: Partial thickness loss of dermis

blister.

presenting as a shallow open ulcer with a red-pink wound bed, without slough. May also present as an intact or open/ruptured serum filled

Further description: Presents as a shiny or dry shallow ulcer without slough or bruising. This stage should not be used to describe skin tears, tape burns, perineal dermatitis, maceration, or

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	<u></u>		 		32.70.77	·	
F 314	Continued From page	100	F3	314			
	Stage III: Full thicknes	ss tissue loss.					
	Subcutaneous fat may						
		not exposed. Slough may					
		ot obscure the depth of					
	tissue loss. May includ						
	tunneling.						
	Further description: Th	ĺ	ļ				
	pressure ulcer varies by anatomical location. The			Ì			
		, occiput and malleolus do		Ì			
		s tissue and stage III ulcers					
		trast, areas of significant					
		extremely deep stage III					
		e/tendon is not visible or		Ì			
	directly palpable."		1				
		s tissue loss with exposed					
		le. Slough or eschar may					
	be present on some pa						
	Often include undermi			İ			
-	Further description: Th						
		by anatomical location. The					
		, occiput, and malleolus do					
		s tissue and these ulcers					
		IV ulcers can extend into		1			
		porting structures mating					
		Exposed bone/tendon is					
	visible or directly palpa	•					
		ness tissue loss in which					
İ		covered by slough (yellow,					
	tan, gray, green, browi						
	brown, black) in the wo						
		ntil enough slough and/or					
	eschar is removed to e						l
	wound, the true depth,						ĺ
	cannot be determined.						l
		or fluctuance) eschar on					

the heels serves as "the body's natural

(biological) cover" and should not be removed."

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F 314	Continued From page 101 The Facility policy titled, "Skin Integrity," documents in part, the following: "Standard: The skin integrity of resident is preserved through adequate nutrition and hydration, daily inspection of the skin, compliance with proper body alignment and positioning and maintenance of maximum mobility. Policy: Residents who have suffered loss of skin integrity receive appropriate treatment. Residents with any broken skin problems are seen by a physician and/or the treatment control nurse. Procedures: 1. Licensed nurse: a. inspects the areas for potential breakdown on a daily basis. b. assess for mobility level, hydration-nutrition status, and presence of irritants, such as tight clothing or topical substancesFollow standards, policies, and procedures for pressure sores"		F	314			
	a term for any diffuse alters brain function o may be caused by infevirus, or prion), metab dysfunction, brain tum the skull, prolonged extended including solvents, drindustrial chemicals, a progressive trauma, poxygen or blood flow the encephalopathy is an information was obtain Institutes of Health.	sor or increased pressure in exposure to toxic elements rugs, radiation, paints, and certain metals), chronic foor nutrition, or lack of the brain. The hallmark of altered mental state. This fined from The National					

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[2] Stage IV Pressure Ulcer- Full thickness tissue loss with exposed bone, tendon, or muscle.

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Facility ID: VA0002

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	of the wound bed. Off tunneling. This inform National Pressure Uld at http://www.npuap.co. [3] Prostat- Liquid bas that contains protein to malnutrition and weigh obtained from The Nathttps://www.cancer.go.ancer-drug?cdrid=776 [4] Zosyn- Used to tree many parts of the bod obtained from the Nathttps://www.ncbi.nlm.rtmoo11750/?report=detections. This informational Institutes of Phttps://dailymed.nlm.ngxsl.cfm?setid=e78bfsc58830d. [6] E.Coli-Escherichia the intestines of people to a healthy intestinal that are harmless, but some through contact with cowhile other strains can infections, respiratory. This information was consistent of Health.	the present on some parts en include undermining and ation was obtained from the ser Advisory Panel website org/pr2.htm. The ded nutritional supplement that may prevent int loss. This information was ational Institutes of Health. Phypublications/dictionaries/csig22. This information was fonal Institutes of Health. In the gov/pubmedhealth/PMH trails. To reduce the development eria. Vancomycin should be revent infections that are pected to be caused by the string obtained from The Health. The gov/dailymed/fda/fda/Dru a6d-d257-46a0-84a7-8d722 The coli (E. coli) bacteria live in the erial animals, and are key tract. Most E. coli strains the can cause diarrhea contaminated food or water	F	314			

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Event ID: 520X11

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				10	MB NO. 0938-0391
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F 314	Continued From page 103 oli.		F	314			
	[7] Proteus- Bacteria with UTIs (Urinary tra	that is normally associated ct infections).					
	[8] Streptococcus- The Streptococcus bacter disease such as strep pneumonia. Others a found in areas of the intestines, skin, mout information was obtainstitutes of Health. https://www.ncbi.nlm. T0024688/.						
	in many different part information was obtai Institutes of Health.	to treat bacterial infections sof the body. This ned from The National nih.gov/pubmedhealth/PMH					
	stage II pressure sore receiving treatments wound measurements 1/5/17 the wound care deterioration of the pr	ocumented as having a e on the sacrum and as without any initial or ongoing s/assessments and on e physician identified a essure sore status to a v necrotic wound tissue.					
	with diagnoses includ disease, breast cance pressure. On the mos data set), a quarterly a	ently readmitted on 5/2/16 ing, but not limited to: heart ir, diabetes, and high blood st recent MDS (minimum					

#4 was coded as being severely cognitively

DEPARTMENT OF HEALTH AND HUMAN

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)					
	coded as being comp staff members for bed. She was coded as alw both bowel and bladd having one stage 3 pr present at the time of On the quarterly MDS reference date of 10/2 coded as being mode for making daily decis being completely depremembers for bed mode extensive assistance of transfers. She was concontinent of both bor coded as having one swith an origin date of On 2/22/17 at 10:05 a of Resident #4 as she change on her sacral (license practical nurs the time of the observant approximately 8 X 9 X was described by LPN wound bed contained granulation tissue (4) a dead tissue. LPN #1 source for all the reside	daily decisions. She was letely dependent on two dimobility and transfers. ways being incontinent of the series are source ulcer that was not ther most recent admission. When was coded as ressure ulcer that was not ther most recent admission. When was recent admission. When was recent admission. When was required as really cognitively impaired alons. She was coded as rendent on two staff willing and as requiring the received as being frequently well and bladder. She was readed as being frequently well and bladder. She was readed as being frequently well and bladder. She was readed as being frequently well and bladder. She was readed as being frequently well and bladder. She was readed as being frequently well and bladder. She was readed as being frequently well and bladder. She was readed as being frequently well and bladder. She was readed as the wound measured at the wound measured at the wound measured at the wound measured approximately 20% pink and approximately 20% pink and approximately 80% retated that she is the wound with in the facility.	F	314					
	following order, dated the physician on 10/17 left buttock with DWC Apply Santyl and dry o	an's orders revealed the and electronically signed by 7/16: "Cleanse open area to (dermal wound cleanser). dressing QD (every day) and as order was discontinued the TAR (treatment).							

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Even1 ID: 520X11

Facility ID: VA0002

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PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN :VICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SURVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ C 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 314 Continued From page 105 F 314 administration record) for October 2016 revealed this treatment was applied as ordered. A review of the clinical record revealed a quarterly nursing assessment completed by LPN #1 on 10/19/16. On this assessment, the resident was documented, by way of a check-off item on the assessment, to have a Stage 2 pressure ulcer. This assessment contained no description, size or further narrative information for this wound. A review of nursing shift reports dated 11/1/16, 11/2/16, and 11/3/16 and signed by LPN #4 revealed, by way of check-off items on the assessments, that Resident #4 had a Stage 2 pressure ulcer. Theses assessments contained no description, size or further narrative information for this wound. A review of the weekly CNA (certified nursing assistant) skin assessment dated 11/17/16 for Resident #4 revealed three initials in a box beside the instructions: "Initial here if no abnormalities seen." The CNA whose initials were in the box was not available for interview. A review of the physician's orders for Resident #4

discontinued on 12/16/16.

revealed the following order, dated and signed on 11/16/16: "Cleanse open area to left buttock with Normal Saline (5). Apply Santyl (6) and dry dressing QD (every day) and prn (as needed) until healed." This order was documented as

A review of the TARs (treatment administration records) for November and December 2016 revealed this treatment was completed as

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F 314	evidence of nurses' of Resident #4's butted A review of the week assistant) skin assess Resident #4 revealed the instructions: "Initiaten." A review of the physical revealed the followin 12/16/16: Cleanse of 1/4 str. (one-quarter Skin prep (8) peri wowound). Apply Santy prn until healed." The discontinued on 1/19	e clinical record revealed no notes or wound assessments tocks area for 11/16/16. Aly CNA (certified nursing assment dated 12/13/16 for dithree initials in a box beside tial here if no abnormalities cian's orders for Resident #4 g order, dated and signed on open area to sacral fold with strength) Dakins solution (7). Found (skin around the yl and dry dressing QD and is order was documented	F3				
	completed as ordered. Further review of the evidence of nurses' report to include meaurements, area for the bounder of the document titled "Non-Report" dated 12/21/The document contains.	clinical record revealed no notes or wound assessments ents and staging of Resident r 12/16/16. clinical record revealed a -Pressure Skin Condition 16, completed by LPN # 1. ned the following entries: eate on body form): sacrum - shear ters): 1.8 X 5 X .01 type: Serous (clear)					

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Event IO: 520X t1

Facility IO: VA0002

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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CON	(X3) DATI	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
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	document titled "Non-Report" dated 12/28/1 The document contair - "Site/Location (Indica - Condition is: Other Size in cm (centimet - Exudate (drainage) t - Exudate amount: sc - Wound bed: Pink/Be - Progress: Deteriorat - Treatment: Continue - Comments: Two sep together in measurem Further review of the of further documentation Resident #4's sacrum 1/5/17. A review of the weekly assistant) skin assess Resident #4 revealed the instructions: "Initia seen." Further review of the of document titled "Wour Evaluation" dated 1/5/	eefy red ged ged ged ged ged gearate areas, grouped ent." clinical record revealed a Pressure Skin Condition 6, completed by LPN # 1. ged the following entries: ate on body form): sacrum shear gers): 2.4 X 5 X .01 gype: Serous (clear) ant gefy red ged ged gerate areas, grouped gent." clinical record revealed no regarding the open area on between 12/28/16 and CNA (certified nursing ment dated 1/4/17 for chree initials in a box beside all here if no abnormalities linical record revealed a and Care Specialist 17 and signed by ASM gember) #4 on 1/5/17, the	F	314			

following: "Chief Complaint: Patient has a wound on their sacrum...At the request of [name of

PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SLRVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETEO A. BUILDING C 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER **CORRECTED COPY** AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) OATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 314 Continued From page 108 F 314 primary care physician), this 101 year old female was seen and evaluated today. She presents with a stage 3 pressure wound of the medial sacrum of at least 1 day(s) in duration. There is light serous exudate. There is no indication of pain associated with this condition...Stage 3 Pressure Wound of the Medial Sacrum Focused Wound Exam...Etiology (Quality): Pressure, MDS 3.0 Stage 3, Duration > 1 (greater than one) days, Objective: Healing, Manage Pain, Wound Size (LXWXD): 4.2 X 4.9 X 0.1 cm, Surface Area 20.58 cm [squared], Cluster Wound, Exudate: Light Serous, Yellow Necrotic: 55%, Granulation Tissue: 10%, Skin: 35%, 1/5 (1/5/17) wound over old scar tissue, Dressing: Santyl - once daily, dry protective dressing - once daily." A review of Resident #4's comprehensive care plan dated 11/3/16 and most recently updated on 1/19/17 revealed, in part, the following: "Category: ADL (activities of daily living) Functional/Rehabilitation Potential: Continues to decline overall; extensive to total assist of one or two with ADLS, transfers and bed mobility; provide comfort care measures. Category: Pressure Ulcer. Overall decline; Potential for pressure ulcers, bruising, skin tears, diabetic and circulatory skin issues as well; preventive tx (treatment) to sacrum and btw (between) toes. 12/16 - see Tx order [change]; open areas to sacral fold. See tx order. 1/18 area to sacrum

stage III; 1/19 cont. to have area to sacrum - cont (continue) to decline...Approach (all approaches dated 11/3/16): Assess resident for presence of risk factors. Treat, reduce, eliminate risk factors to extent possible. Assist in turning and repositioning routinely. Conduct a systematic skin inspection routinely. Pay particular attention to the bony prominences. Diet as ordered.

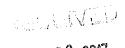
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		<u> </u>		AMELIA, VA 23002				
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F 314	Continued From pag	e 109	F S	314				
	Encourage fluids. En mobility, and range of potential. Minimize is Monitor and report la ordered. Provide incincontinent episode. breakdown (sore, ter Supplements/vitamin care when assisting is skin tears and bruisin refer to wound md (dincontinent products and dignity. Use moi perineal area. 1/18 - mattress per order." On 2/23/17 at 12:45 purse was interviewe sacral wounds. She 12/28/16 Non Pressu and stated: "There we Then one healed up. up." When asked to documentation regard condition of these wo 11/16/16 and 12/16/1 was not sure if any dothat she would search On 2/23/17 at 3:05 p. again regarding Resid LPN #1stated: "The vin late summer (2016 sacrum and buttocks. in early September. I	ncourage physical activity, of motion to maximal skin exposure to moisture. bs (laboratory tests) as continence care after each Report any signs of skin inder, red, or broken areas), is as ordered. Take special in care in attempts to reduce in attempts to reduce in care in attempts to reduce in care in attempts to reduce in care in attempts to reduce in care in attempts to reduce in care in attempts to reduce in care in attempts to reduce in care in attempts to reduce in care in attempts to reduce in care in attempts to reduce in care in attempts to reduce in care in attempts to reduce in care in attempts to reduce in care in attempts to reduce in care in attempts to reduce in care in attempts to reduce in attempts to reduce in care in attempts to reduce in care in attempts to reduce in care in attempts to reduce in care in attempts to reduce in care in attempts to reduce in care in attempts to reduce in attemp	FS	314				
	with normal saline and stated that as best sh	d applying Santyl." She e remembered, there was eing treated at that time.						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 520X t1

Facility ID: VA0002

If continuation sheet Page 110 of 225



	MENT OF HEALTH A						D: 03/16/2017 MAPPROVED
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F 314	Continued From pag	ne 110	F 31	14			
	When asked to provi	de the documentation					
		tage and condition of this					
		as applying a debridement					
	agent, LPN #1 stated						
		why." When asked what the					İ
		he stated she could not					
		to provide skin assessments					
	between 11/16/16 an						
i	treatment was chang						
		" LPN #1 stated: "On		j			
		vas changed to use the					
		eansing the wound." When					
		umentation as to why the					
		be changed, LPN #1 stated:		1			
		ntation as to why." When					
		ould be used instead of 1 stated: "You would use					
		a cleanser that would fight					
		ause Dakins kills bacteria."		Ì			
	She stated she thoug		1				
		open areas on her sacrum.					
	She stated she could						
		ify what she remembered.					
		membered anything about	1				
		doing the daily treatments,					
	LPN #1 stated: "I did						ľ
		time, but [ASM #4] told me					
		said it wasn't shearing, like I				i	
		as wrong about that." When					-
	asked the process for	r identifying, staging,					İ
	assessing and monito	oring a pressure area, she					

stated there should be weekly skin assessments, with measurements and staging. She stated she

would ordinarily write a progress note to accompany the weekly assessments. When asked about the process for referring a resident to the wound specialist, LPN #1stated: "If the wound is clean and is a stage 2 or less, we will do a standard treatment. But if the wound starts with

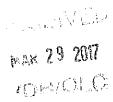
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(Xt) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 314	start using the Santyl. I'm using Santyl." Wir not called until 1/5/17 began on 11/16/16, Li [ASM #4] may have b #1 stated: "This was been measuring it and all along. I should have measurements, and I PCP (primary care ph going on. I know I shomore." On 2/23/17 at 4:10 p.r interviewed. When as seeing Resident #4 in 2016, he stated he did at that time. When as seeing the wound on "No, I don't have a mestated his note indicat #4 had from a previour reopened to create the 3 on 1/5/17. When as that Resident #4 had brior to his seeing the he was not aware. Whave a most aware. Whave a most aware was not aware. Whave a most aware was not aware. Whave a most aware was not aware. Whave a most aware was not aware. Whave a most aware was not aware. Whave a most aware was not aware. Whave a most aware was not aware. Whave a most aware was not aware. Whave a most aware was not aware. Whave a most aware was not aware. Whave a most aware was not aware. Whave a most aware was not aware was not aware. Whave a most aware was not aware was not aware. Whave a most aware was not aware was not aware was not aware if it is not a most aware was not aware. She was more listin failure."	y kind of overlay, we will [ASM #4] gets called in if then asked why ASM #4 was when the Santyl treatment PN #1 stated: "I'm not sure. een on vacation then." LPN my fault. I should have d documenting assessments we had weekly should have notified the sysician) about what was build have been doing m., ASM #4 was sked if he remembered August or September of d not remember seeing her ked if he remembered 1/5/17, ASM #4 stated: mory of seeing it." He es the scar tissue Resident s wound broke down and e wound he staged at Stage ked if he had been aware been treated with Santyl wound on 1/5/17, he stated then asked to speak to the out #4's pressure ulcer, ASM to could make a case that unavoidable. However, of an excuse. But she is old at six months out from a bonly 60% strength of regular kely than not going to have	F 314				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 520X11

Facility ID: VA0002

If continuation sheet Page 112 of 225



STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER	- 		STRE	ET ADDRESS, CITY, STATE, ZIP CODE		02/28/2017	
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F 314	Continued From pag	e 112	F;	314				
	assessment process	at the facility. She stated						
		sed to do weekly skin						
	assessments, usually	coinciding with a resident's						
		f a resident has a pressure	İ					
	area or other type of	wound, a staff member,						
	usually the wound nu	ırse, should be assessing						
	and documenting on	the wound weekly.						
	On 2/23/17 at 4:40 p.	m., ASM #1, the						
	administrator, and AS	SM #2 were informed of						
	these concerns.							
	On 2/2 7 /17 at 10:00 a	a.m., RN (registered nurse)						
		vas interviewed. When						
	asked about her signa							
		IA skin assessment sheets						
1	(11/17/16 and 12/13/1	16), RN #5stated: "To my						
İ	knowledge, I didn't do	ocument anything myself. I						
		may have seen [Resident						
		4]." She stated that the floor		İ				
1		irse were responsible for						
		ues. She stated Resident #4						
		lly. When asked about her						
		ments and wounds, she						
	stated she intervenes			-				
I .		he wound nurse and/or the ed she thought that the						
	wound nurse was awa	•						
	Resident #4's skin iss			İ				
I .		m wound care if it is not						
		und nurse or the floor nurse.						
		not necessarily document					İ	
		she performed the wound						
	care herself. She stat						1	
	documentation should	l include appearance,						
	measurements, and a	description of drainage.						
	On 2/27/17 at 10:10 a	.m., LPN #4, a floor nurse						
		16 CNA skin assessment		1				

DEPARTMENT OF HEALTH AND HUMAN CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/16/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (2)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 314	sheet, was interview completes the skin resident receives a the findings on a sk outline of a body or and unit manager s asked what her sign she stated her signs assessed the reside that she has looked treatment. She state pressure ulcer on hindicated this on the assessment sheet. Resident #4 was repressure ulcer, but stage. She stated the weekly assessment that there are no ne box where the CNA stated the floor nurs off on this. She stated the floor nurs off on this. She stated of new areas, she we resident. On 2/27/17 at 3:25 pregarding skin asses "When we give the sis nothing new and the We look at the skin. any one else was do skin. CNA #8 stated doing the skin assessment on admissione (a residen see something, I'll a	wed. She stated the CNA assessment when the shower. The CNA documents in a sheet of paper with the it. She stated the floor nurse ign off on the sheet. When nature on the 11/17/16 means, attree signifies that she has ent; if there is a problem area, at the area and initiated a red Resident #4 had a er sacrum, and that she had a 11/3/16 CNA weekly skin She stated she thought ceiving treatments for the that she did not remember the sheets for the CNA to state we areas noted. This is the puts her/his initials. She are and unit manager also sign ted if there was no indication would not go and look at the co.m., CNA #8 was interviewed assments. CNA #8 stated; showers we make sure there that old areas are healing. "CNA #8 was asked if ing assessments of residents' d: "The aides are primarily assments, documenting on the eets. The nurses do a skin hission. If I haven't seen t) for a couple of days and sk the nurse if it's something about the education she had	F	314		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l l	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	stated: "We have hassessments and wany specific education assessments, just do assessment sheet." On 2/28/17 at 9:20 and interviewed. She stated is considered as the resident's skin assessment sheet at the resident's skin states. She stated in that she concurs with When asked about in CNA weekly skin assessments." On 2/28/17 at 4:00 pointerviewed. When a skin assessments are the wound care nurs wounds. When asked assessments are performed by the then pring (as needed skin assessments." responsible for the wand assessments."	a.m., LPN #16 was ated her signature on the skin head to toe and has a. She stated that she looks in no matter what the CNA her signature on the 12/13/16 sessment sheet meant, LPN too far back for me to	F 314				
	abnormalities, and no asked the process for assessment, she sta quarterly, and if the O problem." When ask qualified to perform s						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:520X11

Facility ID: VA0002

If continuation sheet Page 115 of 225



PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN **VICES** FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING С 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMEL|A, VA 23002 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG OATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 115 F 314 is qualified under training and scope of practice to perform skin assessments, ASM #2 stated: "No." When asked about training provided to CNAs regarding routine skin assessments, ASM #2 stated: "CNAs know the residents, and usually the same CNA does [the residents"] showers each week. The CNAs are not trained to do skin assessments." During the survey Resident #4's Braden Scale assessments were requested and not provided. A review of the facility policy entitled "Skin Integrity" revealed, in part, the following: "Policy: To promote a systematic approach and monitoring process for residents with pressure ulcers and devise an appropriate plan of care to meet the resident's needs in regards to wound management...Residents who are unable to reposition independently will be turned and repositioned every 2 hours according to the established facility turn schedule...The wound nurse will monitor the skin assessments weekly to ensure treatments and interventions are initiated as needed to promote skin integrity and minimize the risk of pressure ulcer formation...Certified Nursing Assistants will be instructed to inspect the skin weekly, document on CNA skin sheet and report any concerns regarding the resident's skin integrity to the

in the weekly wound

Charge Nurse and wound nurse...Pressure ulcers that are currently being treated will be described

documentation...Documentation regarding pressure ulcers and/or wounds will be made in

Documentation will include but is not limited to the following: 1. Location of the wound. 2. Stage of the wound. 3. Measurement of the wound or

the clinical record at least weekly.

DEPART	MENT OF HEALTH AN	ID HUMAN (VICES		(,	PRINTE	ED: 03/16/2017 RM APPROVED		
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	or tunneling. 5. Description of wound tissue. 8. Current treatment. noncompliance with the Pressure Reduction Description of wound tissue. 8. Current treatment. noncompliance with the Pressure Reduction Description of actors affecting wound ulcer fails to show son toward healing within allowing the properties of the	length and depth. 4. d extent of any undermining cription of any wound tion of the wound bed. 7. edges and surrounding atment order and response 9. Compliance or the plan of care. 10. Pevices. 11. intervention to Physician notification. 13. iffication. 14. Negative d healingIf a pressure the evidence of progress 2 - 4 weeks, the pressure tial complications) and the call condition will be usation of the treatment plan whether to continue or notions is also anager, along with the Plan Team, if deciding to the men will document the using the present policy entitled "Skin continue or the plan the present of the skin, compliance the ment and positioning, and	F 314					

Residents who have suffered loss of skin integrity receive appropriate treatment. Residents with any broken skin problems are seen by a physician and/or the treatment nurse.

PROCEDURES: Licensed nurse: inspects areas for potential breakdown on a daily basis...The licensed nurse implements a program

DEPARTMENT OF HEALTH AND HUMAN VICES

PRINTED: 03/16/2017 FORM APPROVED

CENTER	S FOR MEDICARE &	MEDICAID SERVICES					ORM APPROVED
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,		sic) the condition of areas		314			
	,	week that includes size,					
		ling, medication, and devices					
		sureFollow standards,					
	1	res for pressure sores."					
	 	100 for product 20,00.					
	Treatment of Pressur	re Ulcers, U.S. Department					
	1	Services, Publication		1			
	Number 15, documents, in part: "The assessment						
	of an individual with a pressure ulcer is the basis						
	for planning treatment, evaluating treatment						
	effects, and communicating with other caregivers.						
	Initially, the clinician s						
1	location, stage, and s	size of the pressure ulcer.					
1	Accurate staging and	I description of pressure		1			
1	sores is a perquisite t	to the development and		Ì			
}		propriate, effective treatment					
		ctive, ongoing monitoring of					
	tissue healing."						
	The Pressure Ulcer T	reatment Quick Reference					
		tes on page 8 concerning					
	•	sment, "Asses the pressure					
		ssess it at least weekly,					
	documenting findings.	- ·					
I .		aluating progress toward					
	healing. However, we	eekly assessments provide			I		
	an opportunity for the	health care professional to			I		
	detect early complicat	tions and the need for			I		
		nent plan." Page 9 of this			I		
		th each dressing change,			I		
	observe the pressure	ulcer for developments that			Į		
	may indicate the need	d for a change in treatment					
		ment, wound deterioration,					
	more or less exudate,	, signs of infection, or other					
	complications)Asser	ss and accurately document					

physical characteristics such as location,

Category/Stage, size, tissue type (s), wound bed and periwound condition, wound edges, sinus

	MENT OF HEALTH AN	ND HUMAN (ICES MEDICAID SERVICES			FOR	D: 03/16/2017 MAPPROVED O. 0938-0391
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	tracts, undermining, to tissue, odor, presence tissue, and epithelializ reference states, "Rethe plan of care, and to ulcer does not show powithin 2 weeks (or as individual's overall conheal)Signs of deterior immediately." (1) The NPUAP (National Advisory Panel) define "localized injury to the tissue usually over a be result of pressure, or powith shear and/or fricti	unneling, exudate, necrotic e/absence of granulation zation." Page 10 of this -evaluate the pressure ulcer, the individual if the pressure progress toward healing expected given the indition and ability to oration should be addressed ponal Pressure Ulcer es a pressure ulcer as a the skin and/or underlying	F 314			
	NPUAP. Copyright 20 Ulcer Advisory Panel. http://www.npuap.org. (2) Stage 3 - Full thick Subcutaneous fat may tendon or muscle are ribe present but does not tissue loss. May include	2007. National Pressure 8/3/2009 pr2.htm. Iness tissue loss. It be visible but bone, not exposed. Slough may of obscure the depth of				

tegories/.

http://www.npuap.org/resources/educational-andclinical-resources/npuap-pressure-ulcer-stagesca

(3) Stage 4 - Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling

DEPARTMENT OF HEALTH AND HUMAN	VICES
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		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILOING			(X3) OATE SURVEY COMPLETEO	
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	If slough or eschar loss this is an Unst information was ob https://www.npuap visory-panel-npuar nology-from-pressid-updates-the-stag (4) Granulation - "Fof granulation tissus healing." Potter an Nursing, Sixth editi (5) Normal saline is solution of electroly intended only for stand cell washing pressive taken from the web https://dailymed.nlraDrugInfo.cfm?arcl (6) Santyl - "Collag sterile enzymatic decontains 250 collag petrolatum USP. The derived from the fee histolyticum. It possidigest collagen in minformation is taken https://dailymed.nlmm?setid=a7bf0341-	varies by anatomical location. obscures the extent of tissue tageable Pressure Injury. This otained from the website org/national-pressure-ulcer-ad o-announces-a-change-in-termi ure-ulcer-to-pressure-injury-an tes-of-pressure-injury/. Red, moist tissue is indicative te, which is progressing toward and Perry, Fundamentals of on, page 1487. Se "A sterile, nonpyrogenic of tes in water for injection terile irrigation, rinsing, dilution terile irrigation,	F	14				
		ue. Pre and post surgery. d skin ulcers." This						

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https://dailymed.nlm.nih.gov/dailymed/drugInfo.cf

Event IO: 520X11

Facility IO: VA0002

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ С 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** P**R**EFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE OATE DEFICIENCY) F 314 Continued From page 120 F 314 m?setid=a0ee103e-1f9c-4ffb-aafe-bb49d30f7816 (8) "Sureprep® is a fast drying skin protectant. Vapor permeable and delivers protection from friction and incontinence. The transparent barrier may be used on periwound, peristomal or areas that come in contact with bodily fluids." This information is taken from the manufacturer's website https://www.medline.com/product/Sureprep-Skin-Protectant-Wipe/Liquid-Bandages/Z05-PF00058. (9) Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions). This information is taken from the website http://www.npuap.org/resources/educational-and -clinical-resources/npuap-pressure-injury-stages/ F 315 483.25(e)(1)-(3) NO CATHETER, PREVENT UTI. F 315 1. Nursing staff has been made aware of the 03/01/17 RESTORE BLADDER observations made by the surveyors with SS=D regards to resident #12's foley catheter tubing Resident #12's foley tubing will be in the (e) Incontinence. privacy bag with foley catheter bag, off of the (1) The facility must ensure that resident who is floor and above the level of the bag to ensure

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Event ID: 520X11

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If continuation sheet Page 121 of 225



F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DAT	(X3) DATE SURVEY COMPLETED	
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continent of bladder a receives services and continence unless his or becomes such that to maintain. (2)For a resident with on the resident's complex facility must ensure the indwelling catheter is a resident's clinical conceatheterization was necessary and the continence to the extended and continence to the extended and services appropriate the continence to the extended and continence to the extended and continence to the extended and continent of bowel representation as possible unless the demonstrates that cathed and continence to the extended and continence to the extended and continent of bowel representation as possible unless that cathed and continent of bowel representation as possible unless that cathed and continent of bowel representation as possible unless that cathed and continent of bowel representation as possible unless that cathed and continent of bowel representation as possible unless that cathed and services appropriate the continent of bowel representation as possible unless that cathed and services appropriate the continent of bowel representation as possible unless that cathed and services appropriate that cathed and continent of bowel representation as possible unless that cathed and continent of bowel representation as possible unless that cathed and continent of bowel representation as possible unless that cathed and continent of bowel representation as possible unless that cathed and continent of bowel representation as possible unless that cathed and continent of bowel representation and continent of bowel representation as possible unless that cathed and continent of bowel representation and continent of bowel representation and continent of bowel representation and continent of bowel representation and continent of bowel representation and continent of bowel representation and continent of bowel representation and continent of bowel representation and continent of bowel representation and continent of bowel representation and continent of bowel representation and continent of bo	and bowel on admission dissistance to maintain sor her clinical condition is a continence is not possible urinary incontinence, based prehensive assessment, the nat- ers the facility without an not catheterized unless the dition demonstrates that ecessary; ters the facility with an subsequently receives one real of the catheter as soon eresident's clinical condition theterization is necessary incontinent of bladder freatment and services to infections and to restore ent possible. In fecal incontinence, based prehensive assessment, the lat a resident who is eceives appropriate as to restore as much normal sible. Is not met as evidenced in, staff interview, facility clinical record review, it	F3	cont drainage and prevent contamination 2. All residents with foley catheters the tubing off the floor and above the level. 3. The nursing staff has been educated catheters and infection control by the designee. All are awareof the import the tubing from being lower than the of the floor. 4. Residents who have foley catheter monitored dally by the unit manager charge nurse. UTI's will be monitored.	will have ne foley bag ated on foley ne DON or rtance of preventing to foley bag and off ers will be r and red by the	03/01/17 9 03/29/17 03/22/17	
COLUMN TO THE CO	CORRECTION COVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From page continent of bladder a receives services and continence unless his or becomes such that to maintain. (2) For a resident with on the resident's complexity must ensure the facility must ensure the cothereization was need to the continence of the continent of the continence of the continence of the continence of the continence of the continence of the continence of the continence of the continence of the continence of the continence of the continent of the continence of the continence of the continence of the continence of the continent of the continent of the continence of	A95358 DIVIDER OR SUPPLIER JUNEAU SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 121 continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. (2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that— (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one as possible unless the resident's clinical condition demonstrates that catheterization is necessary and iii) A resident who is incontinent of bladder deceives appropriate treatment and services to brevent urinary tract infections and to restore continence to the extent possible. (3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the acility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced	A BUILDIN 495358 A BUILDIN 495358 BY WING CENTER CORRECTED COPY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 121 continued From page 121 continued end bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. (2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indivelling catheter or subsequently receives one as possible unless the resident's clinical condition demonstrates that catheterization is necessary and (iii) A resident who is incontinent of bladder eceives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. (3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the acility must ensure that a resident who is incontinence to the extent possible. (3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the acility must ensure that a resident who is incontinent of bowel receives appropriate reatment and services to restore as much normal acovel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, it	Dentification number 495358 3 wing STREET ADDRESS, CITY, STATE, ZIP COD 8830 VIRINIA STREET AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY ITILL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 121 continued From page 121 continued From page 121 continued such that continence is not possible to maintain continence unless his or the relinical condition is or becomes such that continence is not possible to maintain. (2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the adulty must ensure that- i) A resident who enters the facility without an indwelling catheter is not catheterized unless the esident's clinical condition demonstrates that catheterization was necessary; ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary and iii) A resident who is incontinent of bladder eceives appropriate treatment and services to revert urinary tract infections and to restore continence to the extent possible. 3) For a resident with fecal incontinence, based on the resident's continence to the extent possible. 3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the acility must ensure that a resident who is incontinent of bladder eceives appropriate treatment and services to revert urinary tract infections and to restore continence to the extent possible. 3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the acility must ensure that a resident who is incontinent of bowel receives appropriate reatment and services to restore as much normal lowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility locurment review and clinical record review, it	A SULDING CORRECTION A SULDING A SULDING A SULDING A SULDING STREET ADDRESS, CITY, STATE, 7P CODE SSOV VIRGINA STREET AMELIA, VA 23002 SUMMARY STATEMENT OF DEPOSITIONS (RACH DEPOSITION ONLY SIZE OF PROCESSION OF THE STATE OF THE STA	

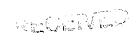
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	the care of a Foley of tract infections for on survey sample, Resident moderate and tractional street and trac	atheter (1) to prevent urinary e of 26 residents in the dent #12. If to keep Foley catheter 2/21/17 and 2/22/17 for mitted to the facility on s including, but not limited to: ors, high blood pressure, etention. On the most in data set), a quarterly assessment reference date #12 was coded as being for making daily decisions. ving a catheter in place. s and times, Resident #12 in her wheelchair in the day	F3	315		

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If continuation sheet Page 123 of 225



	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONS	TRUCTION			SURVEY
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	assistant) #32 accomday room to observe what she noticed above equipment, she state stuck down more. The floor." When ask she stated that the two a place where it could not be stated? The floor accompanion to observe Reseabout the resident's contained at the stated: "I would try to floor. It's standard chopening into the body resident from getting infection) or infection. On 2/23/17 at 4:40 p. staff member) #1, the director of nursing concerns. A review of the facility Catheter Care" reveat the contamination of the further information (1) "A Foley catheter Cathe	a.m., CNA (certified nursing apanied the surveyor to the Resident #12. When asked but Resident #12's Foley ad: "It should have been the tubing should not be on ated why this was important, abing should not be located in decome contaminated. a.m., LPN (licensed practical nied the surveyor to the day ident #12. When asked batheter tubing, LPN #13 to reposition it to get it off the eanliness. The Foley is an any. We should try to keep the a UTI (urinary tract to administrator, and ASM #2, g, were informed of these to a uniformation related to the catheter tubing. The policy entitled "Urinary alled no information related to the catheter tubing. The was provided prior to exit. The policy entitled "Urinary alled no information related to the catheter tubing. The was provided prior to exit.	F	315	DEFICIENCY			
	urine." This informati http://www.nlm.nih.go 03981.htm.	nto the bladder to drain the on is taken from the website ov/medlineplus/ency/article/0 entals of Nursing Lippincott						

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Event ID:520X11

Facility ID: VA0002

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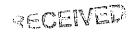
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F 315	Urinary Disorders, und "Management of a Par Catheter and Closed I subheading: "Maintain system: 2. Maintain ar b. Urine should not be because free flow of u prevent urinary tract in occurs when the tubin allowing pools of urine Keep the bag off the fl contamination." According to Mosby's Care Assistants, Fourt "Do not let the drainag This can contaminate drainage tubing on the loop below the drainag 366, "A closed drainag indwelling catheters. I system from the cathe bagInfection can occ	Eighth Edition 2006, page 757, titled Renal and der the heading tient with an Indwelling Drainage System" the ning a closed drainage in unobstructed urine flow. It allowed to collect in tubing urine must be maintained to a section. Improper drainage g is kinked or twisted, it to collect in the tubing. It is considered to correct the topical of the system Coil the section. Tubing must not ge bag" And on page ge system is used for Nothing can enter the	F	3315			
F 323	tubing or catheter into urinary tract infection of life." 483.25(d)(1)(2)(n)(1)-(3)	the bladder and kidneys. A can threaten health and 3) FREE OF ACCIDENT	F3		1a. Upon assessment of Resident #7,#14,#3, to		0 2/23/17
SS=E	HAZARDS/SUPERVIS (d) Accidents. The facility must ensur (1) The resident enviro from accident hazards	re that - Inment remains as free		f C F f	fall mats and bed pad alaram are in place and checked every 2 hours while in bed. Sitters in place for #7 and #3 from 2/22/17 to 3/9/17. 1B. Resident #7, #14, #3 have not had a fall from bed for past 2 weeks and upon assessment it was determined that a trial without sitters and 30 min checks by nurses would		

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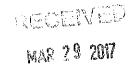
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F 323	(2) Each resident reand assistance dev (n) - Bed Rails. The appropriate alternative devial. If a bed on must ensure correct maintenance of bed to the following eler. (1) Assess the reside from bed rails prior. (2) Review the risks the resident or resident or resident or resident or resident or resident or the resi	receives adequate supervision vices to prevent accidents. The facility must attempt to use atives prior to installing a side or or side rail is used, the facility of installation, use, and drails, including but not limited aments. Ident for risk of entrapment to installation. Is and benefits of bed rails with dent representative and obtain	F 323	cont 1B be instituted for #7 and #3 while in bed 2. 100% Assessment of all residents on I was completed and it was decided all bol were removed from facility. 100% assessments of those on fall mats pad alarms for proper use. 3. Inserviced nursing staff regarding use concerns, staff educated that bolsters are longer used in our facility. Also when in I should be in lowest position, mats in place pad alarm turned on. 4. Risk Managment will monitor weekly, a with fall mats and bed pad alarms to ensure and effectiveness. QA committee will monitor quarterly.	and bed and safe e no bed, bed ce , bed	^y 02/23/17

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Event ID: 520X11

Facility ID: VA0002

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		495358	B. WING				02/2	: ! 8/20 17
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	was observed with be bed without a fall mat ordered by the physici for a total of 16 reside though the facility did for the assessment to and safe use of the bothe operationalization observation of Reside the survey revealed a mattress and the bolst surveyors arm was ea additional hazard for rentrapped. b. The facility staff faile #7's bed alarm and fall orders. 2. Resident #14 fell on placed bed bolsters or any assessment for thuse of the bed bolsters Resident #14. On 12/observed sitting on the (the bed bolsters had I 12/27/16, Resident #1 mat beside the bed. Cattempted to crawl ove attempting to get out o mat. The facility staff faile 3. The facility staff faile 3. The facility staff faile 5.	ng the survey Resident #7 d bolsters in place lying in and bed alarm in place as ian. Bolster use continued ints in the facility even not have a process or policy determine appropriateness olsters for residents or for of the bolsters. In addition int #7's bed bolster in during space between the ter through which this sily inserted creating an esidents to become ed to implement Resident I mats per physician's 10/7/16 and the facility in the resident's bed without e appropriateness and safe as an intervention for 1/16 Resident #14 was a fall mat beside the bed been moved). On 4 was observed on the fall on 2/14/17 Resident #14 are the bed bolster while if bed and slid to the floor failed to reassess the safe	F	323				

foam devices 34 inches long by 7 inches height by 8 inches depth placed on the edge and located mid mattress on both sides of the mattress and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		495358	B. WING_			02/28/2017
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F 323	secured to the bedf for the prevention of placing them on Re 1/5/17. Resident #3 bed on 2/11/17, whith and the facility staff	age 127 frame with straps that buckle) of falls out of the bed after esident #3's bed for safety on 3 subsequently fell out of his ile the bolsters were in place f failed to reassess the safe ters for Resident #3 following	F3	323		
	facility and during the regarding elevated partial some residents and investigated during and investigated during the resident #7 was ad 6/23/14 and readmit Resident #7's diagnostimited to: dementia Parkinson's disease disorder and history most recent MDS (massessment with an date) of 12/24/16, conseverely cognitively of a possible 15 pn to status. Section God extensive assistance	: 1:25 p.m., upon entering the he initial tour, a concern parameters on the sides of attresses was identified. This aphted as an area of concern				
	quarterly fall risk ass	#7's clinical record revealed a sessment dated 3/29/16 that ent #7 was disoriented times				

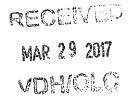
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presented with adequate vision, decreased

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DEPARTMENT OF HEALTH AND H	,					ED: 03/16/2017 RM APPROVED
CENTERS FOR MEDICARE & MEDICARE						NO. 0938-0391
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F 323 Continued From page 128 muscular coordination, im continent, received antide antipsychotics (4)/neurole (5), presented with a histo the last three months, and perceptual, neuromuscula psychiatric or cognitive conscore was 16, indicating R with a high risk for falls. A nurse's note dated 5/17/10845 (8:45 a.m.) RESIDEN NOTED TO BE GOING OF YELLING OUT IN ROOM. ROOM RESIDENT NOTEL KNEES ON FAR SIDE OF ASSESSMENT PERFORM INJURIES OR BRUISING signs stable). WHEN QUESTATED HE DIDN'T HAVE (medical doctor) AND RP (AWARE OF FALL AND NEAND NOTED FOR BOLST BEDSIDE WHILE IN BED.' A fall investigation dated 5/18 "Resident's bed pad alarm resident noted yelling out in room resident noted on knew No bruising or injuries note check mark beside) Otherbedside" A unit manager with an incident date of 5/1 "Resident's bed pad alarm resident noted yelling out in rosident noted yelling out in resident shed pad alarm resident noted yelling out in resident's bed pad alarm resident noted yelling out in resident noted yelling	paired mobility, pressants (3), ptics (4) and laxatives ry of one or two falls in presented with r/functional and nditions. The total desident #7 presented resident #7 presented resident #7 presented resident #7 presented resident #7 presented resident #7 presented resident #7 presented resident #7 presented resident #7 presented resident #7 presented resident #7 presented resident #7 presented resident #7 presented resident #7 presented resident #7 presented resident #7 (16 presented resident presented resident residen	F	323			

Resident #7's comprehensive care plan with a

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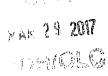
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	-	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 323	"Category: Falls- HI to) CONFUSION, C INCREASED ANXIE (medications); VISIC SINCES (sic) ADMI Resident fell OOB (c -Bolsters to Bil (bilat bed" The care pla failed to document a use of the bolsters in A physician's order c "bolsters to bilateral bed." Resident #7's 2017 TARs (treatme documented, "bolste times while in bed" A post fall observatio by the RN (registere assurance nurse/ as documented Reside 5/17/16. A descriptio "Resident's bed pad resident noted yellin room resident noted The form documente prior to the fall, the re confusion, the reside was assistance of or bed pad alarm, fall a use at the time of the documented, "Descr prevent further falls- bedside"	of 3/29/16 documented, GH FALL RISK R/T (related OMBATIVE BEHAVIOR; ETY; PSYCHOTROPIC MEDS ON LOSS; SEVERAL FALLS I (admission)5/17-but of bed) 0 injury5/17 eral) bed @ all x's (times) in an and the clinical record in assessment for the safe implemented for Resident #7. Idated 5/17/16 documented, bedside at all times while in May 2016 through February int administration records) ers to bilateral bedside at all on form completed on 5/19/16 do nurse) #1 (the quality sistant director of nursing) int #7 fell in his room on on of the fall documented, alarm noted going off and gout in room, upon entering on knees on far side of bed." ed Resident #7 was in bed esident was alert with ent's usual ambulatory status he with/without a device and a larm and fall mats were in e fall. The form further ibe measures to be taken to bolsters to b/l (bilateral)	F	323				
:	Review of Resident a	#7's clinical record failed to						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 520X11

Facility ID: VA0002

If continuation sheet Page 130 of 225



PRINTED: 03/t6/2017 DEPARTMENT OF HEALTH AND HUMAN FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING_ С 495358 B. WING 02/28/20 t7 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION OATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 323 Continued From page 130 F 323 A rehabilitation screening form signed by the speech therapist on 5/25/16 documented. "Screen completed and patient not picked up in therapy. No change in function per interview (with) Resident & nursing staff. Tx (Treatment) not indicated at this time." The form failed to document any information regarding bed bolsters. Review of physical therapy notes from 8/30/16 through 10/7/16 failed to document information. regarding bed bolsters. A rehabilitation screening form signed by the speech therapist on 9/8/16 documented, "Screen completed and patient not picked up in therapy. Pt (Patient) functioning at baseline levels within areas of swallowing & cognitive-communication function." The form failed to document any information regarding bed bolsters. A quarterly fall risk assessment dated 9/29/16 documented Resident #7 presented with intermittent confusion, poor recall, judgement and safety awareness; presented with adequate vision, required the use of assistive devices (cane, walker or wheelchair), was ambulatory and incontinent, received anticoagulants (6), antidepressants, antipsychotics/neuroleptics and

laxatives, presented with a history of one or two falls in the last three months, and presented with neuromuscular/functional and psychiatric or cognitive conditions. The total score was 17, indicating Resident #7 presented with a high risk for falls. The assessment documented to continue with the current plan of care; however failed to document an assessment for the safe use of the bolsters implemented on 5/17/16.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DAND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA	NO. 0938-0391 ATE SURVEY OMPLETED C
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F 323 Continued From page 131 A rehabilitation screening form signed by the certified occupational therapy assistant on 12/6/16 documented, "Screen completed and patient not picked up in therapy. Pt currently on ST (speech therapy) caseload." A quarterly fall risk assessment dated 12/19/16 documented Resident #7 was presented with intermittent confusion, poor recall, judgement and safety awareness, presented with adequate vision, required the use of assistive devices (cane, walker or wheelchair), was ambulatory and incontinent, received anticoagulants, antidepressants, antipsychotics/neuroleptics and laxatives, presented with a history of one or two falls in the last three months, and presented with neuromuscular/functional and psychiatric or cognitive conditions. The total score was 17, indicating Resident #7 presented with a high risk for falls. The assessment documented to continue with the current plan of care; however failed to document an assessment for the safe use of the bolsters implemented on 5/17/16. A nurse's noted dated 1/25/17 documented, "A&O (Alert and Oriented) to self only with periods of agitation. Yelling out this AM (morning) while in bed. Attempted to get out of bed alone @ (at) 0900 (9:00 a.m.) and landed on his knees on the floor. No apparent injury. Resident agitated and was attempting to hit staff (Name of physician) and RP/wife (name) notified" A fall investigation dated 1/25/17 documented, "Resident attempted to get out of bed alone, crawled over bolsters, and landed on knees on floor. No apparent injury." A unit manager's investigation report with an incident date of	

1/25/17 documented, "RESIDENT ATTEMPTED

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES		•		B NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3)	DATE SURVEY COMPLETED
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F 323	OVER BOLSTERS, KNEES ON FLOOR NOTED"	ie 132 ED ALONE. CRAWLED AND WAS NOTED ON . NO APPARENT INJURY rehensive care plan with a	F3	523		
	problem start date of "Category: Falls- HIC CONFUSION; COMI INCREASED ANXIE MEDS; VISION LOS ADMT1/25- Reside rolled over Bolsters-(apparent) injury"	f 1/6/17 documented, SH FALL RISK R/T				
	by RN #1 documenter room on 1/25/17. A rodocumented, "reside bed alone, crawled o knees on floor." The #7 was in bed prior to alert with confusion, ambulate and a bed mats and bilateral bo of the fall. The form "Describe measures further falls" No meas The post fall observa an assessment for the	nt attempted to get out of ver bolsters and landed on form documented Resident to the fall, the resident was the resident was unable to boad alarm, fall alarm, fall listers were in use at the time further documented, to be taken to prevent sures were documented. It is to form failed to document e safe use of the bolsters				
	TARs (treatment adm	016 through February 2017				

DEPARTMENT OF HEALTH AND HUMAN

PRINTED: 03/16/2017

FORM APPROVED

PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN **VICES** FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING С 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE OATE TAG DEFICIENCY) F 323 Continued From page 133 F 323 On 2/22/17 at 9:25 a.m., bilateral bolsters were observed on Resident #7's bed. At this time, the resident was out of the room, On 2/22/17 at approximately 11:30 a.m. the survey team leader spoke with ASM (administrative staff member) #2 (the director of nursing) and requested a list of all residents who bolsters were being utilized for. The list revealed 16 residents had bed bolsters in place. On 2/22/17 at 1:30 p.m., this surveyor entered Resident #7's empty room. This surveyor pulled back the comforter, flat sheet and the fitted sheet on the resident's bed and was easily able to place an arm into and through the space between the middle of the bolster and the mattress while both ends of the bolster remained attached around the mattress. This surveyor removed her arm and placed the fitted sheet, flat sheet and comforter back into place around the bolster and mattress. On 2/22/17 at 2:20 p.m., Resident #7 was observed lying still in a low bed with bilateral bed bolsters. The resident's bed alarm was off and there was no fall mat present on the right side of the bed (note- the resident had a physician's order for a bed pad alarm and falls mats at bedside while in bed). On 2/22/17 at 3:50 p.m., Resident #7 was

observed in a low bed with bilateral bed bolsters. The resident was observed moving his arms while attempting to remove his brief. The resident's feet were noted on the left side of the bed while the resident's upper body was positioned on the right side of the bed. The resident's bed alarm was off and there was no fall

DEPARTMENT OF HEALTH AND HUMAN / VICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 323	0	104					
Г 323	a singular year page		F	323			
	mat present on the rig	ght side of the bed.					
	On 2/22/17 at 5:22 m.						
	On 2/22/17 at 5:22 p.i						
		#2, the director of nursing actical nurse) #6 (a MDS					
		stated residents' fall risk is					
		idmission then quarterly and					
		d if a resident is at risk for					
		of falls then interventions are					
	implemented and the						
		the facility falls prevention					
		ASM #2 stated when a					
	l .	se reports the fall to the					
		sible party, implements an					[
		pletes an incident report					
		#2 stated the physician					
	follows up with the inc	ident report and the unit					
	manager assesses the	e intervention for					
	appropriateness and t	urns the report in to her					
	(ASM #2). ASM #2 st]
	discussed at the week						
		disciplinary team discusses					
		e intervention that was			•		
	•	ther the team thinks the					
		idea or if the resident could					
		tintervention. When asked		-			
	how the team decides						
		stated the decision is based					
		and individualized based					
	on the resident. When						
	stated residents who h	nely reassessed, ASM #2					
	previous week are disc			}] [
	•	and routine reassessments					
		erly at care plan meetings.					
	*	rry at care plan meetings, vere asked the purpose of					
		f #2 stated the purpose of		ļ			ļ
		eters to keep residents					
	to establish politic	arata to wood tooldong	- 1	1			I .

FORM CMS-2567(02-99) Previous Versions Obsolele

Event ID:520X11

Facility ID: VA0002

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CENTER	RS FOR MEDICARE &	MEDICAID SERVICES					IO. 0938-0391
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F 323	from falling out of bed asked to review Resident post fall observations and post fall observations from fall observations from fall observations from fall observations from the fall observations from fall of the fall of th	d. ASM #2 and LPN #6 were ident #7's clinical record tes, fall risk assessments tions) from May 2016 17 and provide evidence that an assessment for the safe and reassessment after over the bolsters and fell on ILPN #6 were unable to on. ASM #2 and LPN #6 the facility policy and conalizing bolsters to include afety and appropriateness for and reassessment of bolster #2 and LPN #6 were unable	F 32	23			
	were made aware of the Resident #7 sustained crawling over the bed been observed in the place and no bed alar the physician's orders remained in place with safety and appropriate implemented. The factor policy for the operano assessment for the use prior to implement	SM #2, the director of nursing the above concerns. d a fall from the bed after d bolsters. Resident #7 had bed with the bed bolsters in rm or fall mat in place per s. The bed bolsters thout any reassessment for teness of the bolsters cility did not have a process ationalization of the bolsters, a appropriateness and safe attation of the bed bolsters, stem for monitoring the use for safety and					

On 2/23/17 at 12:05 p.m., an interview was conducted with CNA (certified nursing assistant)

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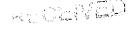
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 323	determination of fall in CNA #7 stated if she resident is trying to go suggests various interested alarms, bed alarms, for nurse. CNA #7 stated which interventions where which interventions where which interventions where was asked when bed CNA #7 stated they were sident keeps trying side of the bed or keeps asked how staff detered and appropriate, CNA makes sure the resident to see if the of the bed. When asked educated on bed bots #7 stated one person and this surveyor were beginning the use of I medical records emplousually applied bolsted the bolsters on. CNA within the past year. describe the applications tated, "A part runs of goes over, loops through the bolsters on the person back over and you vereach side has a clip at When asked if she had instructions regarding she had not. When asked if she had instructions regarding she had not. When asked if she had instructions regarding she had not. When asked if she had instructions regarding she had not. When asked if she had instructions regarding she had not. When asked if she had instructions regarding she had not. When asked if she had instructions regarding she had not. When asked if she had instructions regarding she had not. When asked if she had instructions regarding she had not. When asked if she had instructions regarding she had not. When asked if she had instructions regarding she had not. When asked if she had instructions regarding she had not. When asked if she had instructions regarding she had not. When asked if she had instructions regarding she had not. When asked if she had instructions regarding she had not. When asked if she had instructions regarding she had not. When asked if she had instructions regarding she had not. When asked if she had instructions regarding she had not. When asked if she had instructions regarding she had not.	ted to describe her role in the interventions for residents. walks into a room and a set out of bed then she exventions such as fall fall mats or a low bed to the dinurses ultimately decide fill be implemented. CNA#7 bolsters were considered. Would be considered when a to throw his/her feet off the exps trying to get up. When mine if bolsters are safe A#7 stated staff usually ent is safe by monitoring the resident is trying to climb out ked if she had ever been atters prior to the survey, CNA on that hall (the hall CNA#7 e standing in) was polsters so CNA #28 (the oyee and the person who are) showed her how to put af7 stated this occurred CNA#7 was asked to on of bolsters. CNA#7 in the bed frame; the bottom and the frame and goes alcro down on two sides. At the bottom and must clip." It directived any safety bolsters, CNA#7 stated sked if the risks of residents ters had been discussed, if don't think we discussed	F3	323			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 520X11

Facility IO: VA0002

If continuation sheet Page 137 of 225



PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN VICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF OFFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) OATE SURVEY ANO PLAN OF CORRECTION IOENTIFICATION NUMBER: COMPLETEO A. BUILOING _ C 495358 B. WING 02/28/2017 NAME OF PROVIOER OR SUPPLIER STREET AOORESS, CITY, STATE, ZIP COOE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) IO PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LISC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCEO TO THE APPROPRIATE DATE **OEFICIENCY)** F 323 Continued From page 137 F 323 staff follows when a resident falls. LPN #17 stated the nurse should go in and assess the resident for any injuries, complete a fall incident report, and notify the physician and family. LPN #17 stated she might also send a referral to therapy for evaluation. When asked what type of interventions she would put in place for fall prevention, LPN #17 stated, "It depends on how the resident fell. If the resident fell out of bed, I might write an order for side rails." When asked about bed bolsters, LPN #17 stated bed bolsters keep the residents from falling out of the bed. LPN #17 stated staff would not order or place bolsters as a first intervention, but if a resident continued to fall out of bed, bolsters would be put into place. When asked how nursing would determine that bolsters were a safe and effective intervention for a resident, LPN #17 stated, "We would just put it on the bed. They are padded and cushioned." LPN #17 stated if the bolsters do not create a problem for the resident with positioning or if the resident does not attempt to crawl over the bolsters, then they should be a safe intervention to use. When asked if residents are assessed for safety prior to the bolsters being put into place, LPN #17 stated, "Yes." When asked how nursing assesses for the safe use of bolsters or where this assessment is documented, LPN #17 stated, "We would discuss with the unit manager and therapy. Most of the time we

consult with therapy." LPN #17 was not sure if therapy assessed a resident for the use of bolsters. When asked about the potential risks of using bolsters, LPN #17 stated that the resident could climb over them. When asked who applies the bolsters to the bed, LPN #17 stated that the nursing staff applied bed bolsters. When asked how to safely apply bed bolsters, LPN #17 stated, "It comes with straps that are Velcro and the

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F 323	Continued From page	430					
1 323	_ =		F:	323			
	straps go under the b	ed and come back over the					
	bed. There are direct						
		l if any monitoring was					
		olsters were put into place, look at the bed every shift					
	but we don't monitor e						
	asked what nursing is looking for and checking off on the TAR (treatment administration record)						
	for bed bolsters, LPN #17 stated, "We are signing			Ì			
	that the bed bolsters a						
	On 2/23/17 at 12:20 p	.m., an interview was					
		40 (a restorative CNA [a					
		ercises and other activities					1
	of daily living to mainta	ain residents' level of					
		0 was asked when bed					
		sidered for residents. CNA					
	#40 stated staff would	try bed alarms and fall	İ				
	-	work then staff would try					
		ited bolsters worked most		- 1			
		esidents could get over					
	them. When asked the						
		ted it was to keep residents					
		bed. When asked if she					
	had ever been educate						
	bolsters prior to survey	· •					
1		pply them. CNA #40 stated					
		show CNAs how to put ded and if staff does not					
j		eded and it start does not m. CNA #40 stated she					
		much." When asked to					
	describe what should b					İ	
		CNA #40 stated the bolsters					ļ
		make sure they aren't loose					
I	= = 0 01100N0G to 1	mano daro aroy aron i roode	1	- 1		,	. I

and everything is hooked up the way it should be. When asked if she had received any in-services related to bed bolsters, CNA #40 stated she had not but the nurses could show staff how they work. At this time, CNA #40 was asked to

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AMELIAN	URS NG CENTER	CORRECTED COPY		ł	EL A, VA 23002		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	t t	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	uLD 8E	(X5) COMPLETION 0 ATE
	room and show this significant bolsters. CNA #40 of accompanied this sur room. CNA #40 states then the fitted and flat bolsters. CNA #40 with demonstration. CNA and sheets from the bigging and sheets from the bigging and sheets from the bigging and the straps that across the width of the bolster to another and together with the straps attached to the around the bed frame plastic fastener buckle that slid into the second squeezing action on be (similar to the buckle this surveyor placed of the bolsters and the middle of the bolsters and the middle of the bolsters with the plastic fasten gotta have it tight so if time, this surveyor plasame bolster and mat of the bolster approximation both ends of the bolster approximation both ends of the bolster around the mattress. how it goes." CNA #4	eyor to an empty resident surveyor how to apply brained a set of bolsters and eveyor to an empty resident ed she puts the bolsters on a saked to provide a #40 removed the comforter bed, placed a bolster of the bed on each side of the hat attached each bolster e bed mattress from one diattached the bolsters ps; then CNA #40 ran a coutside of each bolster e, brought the strap to a se with two parts; one part and part and required a coth sides to release it on a life vest). At this time, one arm in between one of mattress and raised the approximately five inches e bolster remained attached. This surveyor removed the tempted to tighten the strap er buckle and stated, "You awon't come up." At this inced one arm in between the tress and raised the middle mately three inches while er remained attached CNA #40 stated, "That's of agreed a resident could the in the space between the	F	323	DEFICIENCY)		
	On 2/23/17 at 12:30 p						

conducted with RN (Registered Nurse) #7

PRINTED: 03/16/2017

FORM APPROVED OMB NO 0938-0391

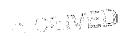
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			
		495358	B. WING			C	
	PROVIDER OR SUPPLIER	CORRECTED COPY	8830	EET ADDRESS, CITY, STATE, ZIP CODE D VIRGINIA STREET ELIA, VA 23002	102.	/28/2017	
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	regarding falls. RN # discussed in risk mar week. RN #7 stated present during a fall vintervention and then the risk management intervention was appropriate for stated that she colanswer because interplace are different for stated that bolsters wresident benefited fronursing determined if appropriate for a resident because you don't know. Based upon the because you don't know to respond to it. It's cwhat risks are associated, "The resident crawl over them. I dor kind." When asked he bolsters, RN #7 stated them on during the day because my residents during the day." When manual or directions of bolsters, RN #7 stated education." When as TAR (treatment admin nursing was signing on place, RN #7 stated, "information) the reside On 2/23/17 at 12:46 p conducted with CNA # employee). CNA #28 bed bolsters for the fail	#7 stated that falls were nagement meetings once a that the nurse who was would implement an a this would be discussed in a meetings to determine if the ropriate. When asked at would be put into place, RN and not give a generic reach individual. RN #7 would be put into place if the own them. When asked how of bolsters were safe and dent, RN #7 stated, "I don't have resident's reactions how how a resident is going case by case." When asked atted with bolster use, RN #7 could get caught up in it or not think it's a restraint of any how to safely apply bed do, "(Name of CNA #28) puts and asked if there was a con how to apply bed do, "I don't know about sked what it meant on the nistration record) when off that bed bolsters were in "That is just an FYI (for your ent uses bed bolsters."	F 323				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:520X (1

Facility ID: VA0002

If continuation sheet Page 141 of 225



PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN **VICES** FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES IX1) PROVIDER/SUPPLIER/CLIA **IX2) MULTIPLE CONSTRUCTION** IX3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED С 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES [X4] ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX JEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **JEACH CORRECTIVE ACTION SHOULD BE** COMPLÉTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 141 F 323 CNAs will watch to see how she applies the bed bolsters. When asked if she was aware of any risks associated with using bed bolsters, CNA #28 stated that a patient could try to get up over the bolsters. When asked if the bolsters were tight to the bed or if there was space between the bolsters and the bed, CNA #28 stated that the bolsters were tight to the bed. On 2/23/17 at 12:51 p.m., observation of CNA #28 applying the bed bolsters was conducted. Once the bolsters were secured onto the bed, a surveyor was able to stick an entire arm underneath the straps and pull up a few inches. CNA #28 stated, "I guess it's possible" CNA #28 confirmed the bolsters were on tight and the surveyor could put an entire arm through the straps. On 2/23/17 at 2:34 p.m., an interview was conducted with RN #1 (the assistant director of nursing/quality assurance nurse). RN #1 stated review of residents' falls are completed by unit managers then discussed in the risk management meetings. RN #1 stated assessments of fall interventions are discussed in risk management meetings and then the unit managers are responsible for the oversight and management of the interventions. When asked if an assessment for the safety risks of fall interventions is completed, RN #1 stated, "I don't think that is part of the process." When asked if

fall interventions are reassessed for each resident, RN #1 stated that should depend on if the resident has sustained another fall and if so,

then a different intervention should be implemented. RN #1 was asked if an assessment for the safety risks of fall

interventions is completed when fall interventions are reviewed; RN #1 stated this was not part of

CENTEF	RS FOR MEDICARE &	MEDICAID SERVICES					KM APPROVED 10. 0938-0391
STATEMENT OF DEFICIENCIES (2 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY IPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	TIX	PROVIDER'S PLAN DF CDRRECTION (EACH CDRRECTIVE ACTION SHDULD CRDSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 323	the process. When a management team w policies and procedur place for nursing staff regards to the purpos forms that RN #1 had she completes the for staff followed up with sure an intervention v stated she reviews the intervention, asks the intervention has been look to see if the intervention of the intervention of the intervention of the intervention has been look to see if the intervention has been l	asked if the risk was responsible for ensuring ires for these matters were in ff, RN #1 stated, "Yes." In se of the post fall observation d completed, RN #1 stated orms to see if the nursing in prevention and to make was implemented. RN #1 ne physician order for the e unit manager if the in put in place but does not rivention is safe or in place. i.m., ASM #2, the director of k management committee I bolsters would no longer be the director of nursing stated moved from the facility.	F	323			
	the name of the devic The manufacturer's in safe alternative to side help prevent falls from adjustable bolster atta quick-release buckles accommodate individu providing sufficient sp bolster is not consider patients. Roll control help reduce potential I Made with comfortable covered in a durable v coverDimensions: 3-	s and may be repositioned to dual patient needs. While pace for patient comfort, the red a restraint for most bolsters can be added to bed rail entrapment zones. The padding and					

bolsters on the bed as shown in the picture in figure 1. 2. For both bolsters, bring the end of the strap under and around the upper movable part of

DEPARTMENT OF HEALTH AND HUMAN

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DEPART	MENT OF HEALTH AN	ID HUMAN VICES		(ED: 03/16/2017
		MEDICAID SERVICES				RMAPPROVED
STATEMENT OF OEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILOING	(X3) OAT	OMB NO. 0938-0391 (X3) OATE SURVEY COMPLETEO		
		495358	B. WING		100	C 2/28/2017
NAME OF P	ROVIOER OR SUPPLIER		s	TREET AOORESS, CITY, STATE, ZIP COOE		
AMELIA NURSING CENTER CORRECTED COPY				830 VIRGINIA STREET AMELIA, VA 23002		
(X4) IO PREFIX TAG	(EACH OEFICIENC	ATEMENT OF OEFICIENCIES Y MUST BE PRECEDEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCEO TO THE APP OEFICIENCY)	OULOBE	(X5) COMPLETION DATE
F 323	Continued From page	e 143 cure the quick-release	F 323			
	buckle, as shown in fi making certain that the or at the edge of the rate of the side rail. attached to one bolsted opposite bolster, as sistraps over the bolstet the D-rings at the back any slack in the Velcropressing the 'hook' material, as shown in distance between the straps in step 3 to the bed. 5. For patient con	gure 2. Tighten strap, e bolster is positioned near mattress. Do not secure the 3. Thread the Velcro straps er through the D-rings at the hown in figure 3. Bring the r and thread them through k of the bolster. Take up o strap and secure them by aterial against the 'loop' figure 4. 4. To modify the bolsters, re-adjust the desired position on the emfort, cover the straps that bolded sheet or synthetic				
	phone number listed of manufacturer's instruction regarding including application, risks. The office manufactured to be submitted forwarded to the direction of 2/27/17 at 1:37 p.r. conducted with OSM # [rehabilitation] program	tions to obtain further the safe use of bolsters daily use, monitoring and ager stated all questions ed via email and would be tor of the company. n., an interview was #5 (the therapy/rehab				

role the therapy department played in a resident's care after a fall. OSM #5 stated the therapy department is notified of each fall through a referral slip or via the risk management meetings. OSM #5 stated once the therapy department is notified that a resident has fallen, she has a therapist complete a screen to see if there is something the therapy department can work on (if

DEPARTMENT OF HEALTH AND HUMAN	(/ICES
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OLIVILIV	O TOT MEDICANE &	MEDICAID SERVICES				<u>OMB N</u> O	<u>0. 0938-0391</u>
	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	, ,	E SURVEY PLETED
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AMELIA N	IURSING CENTER	CORRECTED COPY		8:	830 VIRGINIA STREET		
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					DEFICIENCY)		
F 323	Continued From page	e 1 44		323			
		nefit from therapy). OSM	1 '	J2J			
		n determines the resident					
		n therapy then the next step					
		nterventions with nursing					
		#5 stated she usually lets	1				}
	the nursing staff know						
		nen the nursing staff decides					
	on the interventions.	OSM #5 stated sometimes		ĺ			
	the physical therapists	s may make suggestions but					
	it is the responsibility	of nursing staff to assess					}
		e if it is safe for the resident.					
		confirmed she didn't play					
	any role in the assess	• •					
	· ·	OSM #5 stated sometimes					
		nt receives a referral to look					
		oning. OSM #5 stated in					
İ	that case therapy staf						
		e devices including bolsters					
		m. When asked how the					
		s bolsters to determine					
		#5 stated she wasn't sure					
		l ever assessed a resident					!
		to bolsters but if they did,		- 1			1
	they would assess the	resident for safety and					
İ		s were safe. When asked					
		sment would be conducted,					!!!
	OSM #5 stated that w	as hard for her to answer					ļ i
ļ	because the occupation	onal therapist would be the					
-		e assessment. During this					
		s asked what she would					
1		ent crawled over a bolster.	1			ĺ	
	OSM #5 stated she we					ĺ	
		s. OSM #5 stated, "It's					
		ng if they are climbing over					
		ng ii mey are dimbing over					
	and falling."						
	O= 0107147 -1 0 00						
	On 2/27/17 at 2:20 p.n						
	conducted with OSM #			J			
	therapist). OSM #2 wa	as asked to describe the		Į			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 520X11

Facility ID: VA0002

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DEPART	MENT OF HEALTH AN	IDHUMAN VICES		(F	RINTED: (03/16/2017 PROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				MB NO. 0	
	OF OEFICIENCIES FCORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ı	PLE CONSTRUCTION	1	X3) DATE SUI COMPLET	RVEY
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		495358	B. WING _		ł	02/28/	2017
NAME OF P	ROVIOER OR SUPPLIER			STREET AODRESS, CITY, STATE, Z	IP CODE		
AMELIAN	IURSING CENTER	CORRECTED COPY	ı	8830 VIRGINIA STREET			
MINELIN		COUNTED COL I		AMEL A, VA 23002			
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	OSM #2 stated his de meetings and once the therapy staff is asked #2 stated screens are quarter. When asked #2 stated a screen can three therapy disciplin occupational therapy occupational therapy occupated for all three stated the screen consindividual and getting individual's needs are department can provid screen consists of obsevent of the stated the screen detection of the therapy department for the therapists to tree stated the screen detection the therapy department if the resident will be physician's order to tree was asked if he plays fall prevention devices the devices that are imcompletes a screen but appropriateness of the that time. OSM #2 stated referration the therapy director	sident's care after a fall. partment head attends ose meetings occur, the to complete screens. OSM also completed each to describe a screen, OSM n be done by any one of the es (physical therapy, or speech therapy) and is e disciplines. OSM #2 sists of taking a look at the an idea of what the and what the therapy le. OSM #2 stated the ervation of the resident and partment questions but son physical interaction here is no physician's order eat the resident. OSM #2 rmines if there is nothing at can do for the resident or efit from therapy and if so, a eat is obtained. OSM #2 a role in the assessment of . OSM #2 stated he notes explemented when he at he wasn't sure if the device was discussed at ted discussion of the prevention devices could documented on a form. I forms appear on his desk	F 32	23			

place for that resident and discusses the safety of those interventions, OSM #2 stated, "I don't think that comes up very much or at all." When asked

the importance of an assessment of the relevance of interventions, OSM #2 stated this

	MENT OF HEALTH AN						D: 03/16/2017 MAPPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB N	O. 0938-0391
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AMELIAN	JURSING CENTER	CORRECTED COPY		88	830 VIRGINIA STREET		
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F 323	Continued From page	÷ 146	F3	23			
	was importance and h	ne notes the resident's					
		, if the person is static					
		ynamic (able to move)					
		s different for a static person					
		mic person. When asked to					
		f how this thought process					
		essing the appropriateness					
		SM #2 stated for a static					
		asic physics and some static					
	people slide in their se	-		ł			
	used. OSM #2 stated	as a built up cushions are					1
		their safety awareness and					
		s to see if they are aware		ŀ			
	and able to respond in	*					
	balance, OSM #2 was						
	thought process occur						
		tions/devices. OSM #2					
		hat "fine tuning" occurred					
		f times nurses think, "That					
		may work for Ms. Y." OSM					
	#2 stated the therapy:	staff takes a look at the					
	"whole picture." OSM	#2 was asked the purpose					
	of bolsters (termed bil:	ateral bed wedges or bed					
		OSM #2 stated the bolsters					
Ì		th safety for people who					
	•	out of bed. OSM #2 stated					
		of the resident and if the					
		e mattress. When asked if					ľ
		or residents trying to get out					
		place, OSM #2 stated he				İ	
		e any more dangerous than		}			
	a pedrali pecause it wa	as an obstacle. OSM #2	1				

stated staff must complete trial and error to see what works for residents. When asked if staff conducts conversations to discuss whether interventions such as fall mats and bolsters are safe for residents, OSM #2 stated the staff did not. OSM #2 was asked if there was a discussion

DEPARTMENT OF HEALTH AND HUMAN CENTERS FOR MEDICARE & MEDICAID SERVICES

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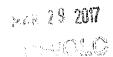
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				<i>,</i>	AMELIA, VA 23002			
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F 323	Continued From page	147	 F:	323		. <u> </u>		
	held regarding the sat	e use of bolsters for					[
		stated he knew therapy						
		ooked at the resident and						
		in his condition. When						
		scussions with other staff			1			
	•	e of bolsters for Resident						
	#7, OSM #2 stated he							
	On 2/27/17 at 4:43 p.i	m an interview was						
	conducted with ASM #							
		vas asked to describe her					İ	
		ition of fall interventions.						
	ASM #3 stated she us							
		she says yes it's a good						
	idea or it's not a good						1	
	sometimes she asks t							
	department for recom-							
		asked to describe her						
		ther bolsters are a good					ĺ	
İ	idea for residents. AS	-						
	generally not the phys	ician on call because she is						
		ASM #3 stated if staff						
	asks to implement bol							
		s then she has seen the					ļ	
İ	resident to decide if th	at's a valid				İ	Ì	
	recommendation. ASI	M #3 stated she has usually						
Į	seen good results with							
ļ	residents who are bed	bound and don't roll or						
		ed if she attended the risk						
		s. ASM #3 stated she did					ľ	
	•	was asked if there were				ĺ		
	discussions about fall							
	•	ions for each resident.						
		nd if we need to change						
	,	talk about it." ASM #3 was					1	
		gement team discusses the					1	
	safety and effectivenes	ss of fall interventions,						
	ASM #3 stated this wa	s discussed only if there						
	was an issue. When a	sked if a discussion should			<u>L</u>			

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Facility ID: VA0002

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STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '		ONSTRUCTION		OMB NO. 0938-039 (X3) DATE SURVEY		
2 0.		SEATH IONITON NUMBER,	A BUILD	ING			COM	PLETED	
		495358	B. WING				l	C / 28/201 7	
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	_		20/2017	
AMELIAN	URSING CENTER	CORRECTED COPY		8830	VIRGINIA STREET				
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(X4) ID		ATEMENT OF DEFICIENCIES	ID	<u> </u>	PROVIDER'S PLAN OF COR	RECTION		(X5)	
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			IAG		DEFICIENCY)	PPROPRIA	II E	OAIL	
_					——————————————————————————————————————				
F 323	Continued From page		F	323					
		crawls over a bed bolster,							
		usually talk about that."							
		she was aware Resident #7							
		rs in place despite the							
		ed over the bolsters and							
		n 1/25/17. ASM #3 stated							
		nformation off the top of her							
		Resident #7 was not a							
		xpect to crawl out of bed. ed for bolsters should have							
		er Resident #7 crawled over							
i		, "I would agree with that."							
		sked if the reassessment of							
İ		ave been a function of the							
İ		m, ASM #3 stated, "Yeah."							
	On 2/27/17 at 5:50 p.	m., this surveyor confirmed							
	with ASM #1, the adm	ninistrator, and ASM #2, the							
		nat prior to the survey the							
	•	ocess for the assessment	-						
		sters and for or for the						ı	
		he bolsters. ASM #1 and							
	ASM #2 also confirme			İ					
	evaluated the bolsters							ı	
1		the director of nursing							
		d been in the building for "a as more of a positioning							
	device. When asked								
I	bolsters were used as								
		residents' clinical records)							
		M #2 stated the bolsters							
		rposes and also for seizure							
I		stated the bolsters were							
		cility prior to her position as							
	director of nursing.								
	On 2/28/17 at 0:35 a r	m., RN #5 was interviewed							
ľ		II., KIN #5 was interviewed							

DEPARTMENT OF HEALTH AND HUMAN

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STATEMENT OF DEFICI AND PLAN OF CORREC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	IPLE CONSTRUCTION NG		E SURVEY PLETED
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NAME OF PROVIDER	OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		2/28/2017
AMELIA NURSING	CENTER	CORRECTED COPY		8830 VIRGINIA STREET AMELIA, VA 23002		
	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
stated maxim episod was about the conduction of	um assistance es of agitation ole to move all 8/17 at 2:51 p. ted with RN # f a concave manual for the decision at the fall assess to the decision at the fall assess to the decision of the fall assess to the fall assess to the decision of the fall assess to th	sually required moderate to with the exception of . RN #5 stated the resident extremities. .m., an interview was 5. RN #5 was asked to attress had ever been ident #7. RN #5 stated she could this information. At this ad that prior to the survey the rocess to assess each ters for safety risks. RN #5 is to what fall interventions in residents was based on and fall assessments. RN #5 ments contained a section form to document referrals, attorn to continue the current of didn't speak to a safety see of the bolsters. On RN #5 returned to this she didn't see any orders for Resident #7 attress. It titled "FALLS POLICY" to cumented, "FALLS ARE SK MANAGEMENT UNIT MANAGER WILL ANAGER UPDATE ON CIDENT TO THE DON AND The facility document titled, N POLICY AND 1/25/17 documented, RESIDENTS ARE SKS OF FALLS AND	F3	323		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 520X11

Facility ID: VA0002

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PRINTED: 03/16/2017 FORM APPROVED OMB NO. 0938-0391

	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION ING			E SURVEY PLETED
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	ROVIDER OR SUPPLIER	CORRECTED COPY		STREET ADDRESS, CITY, STATE, ZIP 8830 VIRGINIA STREET AMELIA, VA 23002	CODE	1 02	12012011
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD B OTHE APPROPRIA		JX5) COMPLETION OATE
F 323	PEVENTATIVE DEV FACILITY FALL PRE FALL ALARM, BED I ALARM, LOW BED I BOLSTERS." The facility documen Prevent Falls" (no da	UARTERLY. IF A MED A HIGH RISK OF FALLS ICES ARE PLACED. VENTATIVE DEVICES ARE: PAD ALARM, CHAIR PAD WITH FALL MATS, AND t titled, "Assistive Devices to te) documented, "Policy:	F	323			
	preventing fall in high 1. Upon admission to complete a fall risk as risk. If score warrant apply least restrictive Equipment currently followingWedge ap positioning2. Rehal screen/evaluate resid for appropriate assist falls. 3. Resident to b management commit physical devices and	ssessment to determine fall s a device nursing is to device available. available are (sic) the plied to chair or bed to aid in politation Department to lent at earliest opportunity ive device in preventing be reviewed by risk tee for effectiveness of quarterly by QA committee."					
	charge nurse fills out charge nurse implem writes order for the in nurse ensures that th out. Charge nurse not and R.P. (responsible placed on M.D. comm signature. Post M.D. circulate signed repornursing), ADON (assi	nt Report" (no date) a resident fall (sic) his/her an incident report, then the ents a (sic) intervention, tervention, then the charge e intervention was carried stifies M.D. (medical doctor) a party) the incident report is					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 520X11

Facility ID: VA0002

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DEPART	MENT OF HEALTH AN	ID HUMAN :VICES				ED: 03/16/2017 RMAPP RO VED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				NO. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	.E CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
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NAME OF P	ROVIDER OR SUPPLIER	<u> </u>	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE		2/20/2011
AMELIA N	JURSING CENTER	CORRECTED COPY		8830 VIRGINIA STREET AMELIA, VA 23002		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULDBE	JX5J COMPLETION DATE
F 323	both unit managers, t (quality assurance) no by DON, the Administ then they are turned to Resident is reviewed management meeting intervention that was a substitute of the facility document. The facility document for Positioning" (no describe the facility is to use the less positioning in high risk upon admission to facility is to use the less positioning device is Rehabilitation Department at earliest op assistive device for positioning device for positioning devices currently available to the facility document of the facility document meetings" (no date) do Meetings will be held to the facility document max (maximum). A Management Meeting meetings. Members searrive on time. Meeting Agenda/Responsibilities.	herapy department, and QA urse. After original is signed trator (sic) for signatures back in to QA nurse. at the weekly risk of for effectiveness of implemented." titled, "Assistive Devices ate) documented, "Policy: east restrictive device for a residents. Procedure: 1. cility nursing is to determine awarranted. 2. ment to screen/evaluate portunity for appropriate ositioning. 3. Resident to be Occupational Therapy veness of physical devices. illable are the olied to chair or bed to aid in titled, "Risk Management occumented, "Day/Time: every week on Wednesday ashould last 30-45 minutes are expected to attend should come prepared and	F 323			

new interventions to prevent/reduce further falls,

interventions already in place. Discuss residents

efficiency/benefits of the interventions already in place for their individual needs. (Name of RN #1)

as wells as, follow-up on efficiency on

that are at a high risk for falls and the

PRINTED: 03/16/2017 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER	CORRECTED COPY		STREET ADDRESS, CITY, STATE, ZIP CODI 8830 VIRGINIA STREET AMELIA, VA 23002	<u> </u>	02/28/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	,	SHDULD BE	IX5) COMPLETION DATE
	(name of another emupMembers of the forcement of nursing North unit manager South unit manager Admissions Activities Therapy/rehab progration Dietary manager MDS coordinator MDS coordinator MDS coordinator Assistant director of murse." On 2/27/17 at 5:50 p.1 meeting was conducted administrator, ASM #2 LPN #2, the north win staff member) #4, the the business manager of maintenance. The made aware of the cowas no further information end of the survey. (1) "Lewy body diseas common causes of de Dementia is the loss of enough to affect normatical relationships. Lewy both abnormal structures, of the common causes of de abnormal structures, of the common causes of de abnormal structures, of the common causes of de abnormal structures, of the common causes of de abnormal structures, of the common causes of de abnormal structures, of the common causes of de abnormal structures, of the common causes of de abnormal structures, of the common causes of de abnormal structures, of the common cause of the common causes of de abnormal structures, of the common cause of the common cause of the common cause of de common causes of the common cause of the common c	ill gather the fall data t reports). Give fall data to ployee) to type Risk Management and title of) Imm manager ursing/quality assurance m. an end of the day ed with ASM #1, the 2, the director of nursing, g unit manager, OSM (other dietary manager, OSM #7, r and OSM #1, the director administrative staff was ncern and stated that there ation that they could was presented prior to the e is one of the most mentia in the elderly. f mental functions severe al activities and ody disease happens when alled Lewy bodies, build up ' This information was	F	323		

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Event ID: 520X11

Facility ID: VA0002

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PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IOENTIFICATION NUMBER: COMPLETED A. BUILDING С 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE 0ATE TAG DEFICIENCY) F 323 | Continued From page 153 F 323 https://medlineplus.gov/lewybodydisease.html (2) "Parkinson's disease (PD) is a type of movement disorder. It happens when nerve cells in the brain don't produce enough of a brain chemical called dopamine..." This information was obtained from the website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/querymeta?v%3Aproject=medlineplus&v%3Asources= medlineplus-bundle&query=parkinson%27s+dise ase (3) "Antidepressants are medicines that treat depression..." This information was obtained from the website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/guerymeta?v%3Aproject=medlineplus&v%3Asources= medlineplus-bundle&query=antidepressants (4) "Antipsychotic medicines (also known as neuroleptics) are primarily used to manage psychosis. The word "psychosis" is used to describe conditions that affect the mind, and in which there has been some loss of contact with reality, often including delusions (false, fixed beliefs) or hallucinations (hearing or seeing things that are not really there)..." This information was obtained from the website: https://www.nimh.nih.gov/health/topics/mental-he alth-medications/index.shtml

the website:

00120,htm

(5) Laxatives are medications used to treat constipation. This information was obtained from

https://medlineplus.gov/ency/patientinstructions/0

(6) Anticoagulants are medications used to thin the blood. This information was obtained from

DEPART	MENT OF HEALTH AN	ID HUMAN (/ICES			(ED: 03/16/2017
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			· ·		RM APPROVED NO. 0938-0391
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F 323	meta?v%3Aproject=m	h.gov/vivisimo/cgi-bin/query- nedlineplus&v%3Asources= query=anticoagulants&_ga=	F	323	3		
	b. The facility staff fail #7's bed alarm and fa orders.	ed to implement Resident Il mats per physician's					
	physician's order sum physician on 1/13/17 t	that documented orders for all mats at bedside while					
	problem start date of 1 FALL RISK R/T (relate COMBATIVE BEHAVI ANXIETY; PSYCHOTI (medications); VISION SINCE ADMITAppro ON PER ORDER; MO TAKING ALARMS OFI NEEDED; ENSURE T WORKING ORDER AI CHANGE BATTERIES BESIDE BED AS ORD	OR; INCREASED ROPIC MEDS I LOSS; SEVERAL FALLS PACH: BED/FALL ALARMS POITOR RESIDENT FOR F AND REPLACE AS THE ALARM IS IN GOOD ND TURNED ON; B AS NEEDED; FALL MATS DERED"					
	On 2/22/17 at 2:20 p.n	n. and 3:50 p.m., Resident					

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on the right side of the bed.

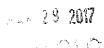
#7 was observed lying in bed. The resident's bed alarm was off and there was no fall mat present

On 2/22/17 at 4:40 p.m., an interview was conducted with CNA (certified nursing assistant)

Event ID: 52DX tt

Facility IO: VA0002

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	MENT OF HEALTH AN			(D: 03/16/2017 MAPPROVED
CENTER	S FOR MEDICARE & I	MEDICAID S⊏RVICES				OMB NO	0. 0938-0391
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F 323	was asked how she we safety devices required #3 stated the nurse we to the CNAs and the Coreference that include have fall alarms, bed at #3 was asked which is supposed to be impled CNA #3 stated the research have a clip fall alarm, pommel cushion wedge. When made aware Research we with the alar on the floor, CNA #3 is she had noted the research she had noted the research she had noted the research she had noted the resident's bed pad alar #3 further stated she coresident's fall mat up of the resident out of bed on 2/27/17 at 3:44 p.m. conducted with RN (research was asked how nursing the safety devices requested #5 stated the nursing service is implemented RN #5 stated sign-off located at the nurse's updated. On 2/27/17 at 5:50 p.m. staff member) #1 (the	r Resident #7). CNA #3 ras made aware of the rd for each resident. CNA ill pass that information on CNAs have a book they can s which residents should alarms and fall mats. CNA rafety devices were mented for Resident #7. rident was supposed to bed pad alarm, bolsters, a rge in the chair and fall mats. resident #7 was observed in rm off and the fall mat not retated prior to this interview rident was yelling and had ris body wasn't aligned in red during this time, the rm was not sounding. CNA rididn't recall picking the ref the floor when she got d. r., an interview was registered nurse) #5. RN #5 reg staff was made aware of red for each resident. RN restaff is notified as soon as a d, discontinued or changed. red for devices were	F 32	23			

above concern.

The facility policy titled, "FALLS POLICY"

CENTER	S FOR MEDICARE &			O. 0938-0391		
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) DAT	E SURVEY IPLETED
		495358	B. WING			C 2 /28/2 017
	A NURSING CENTER CORRECTED COPY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		STREET ADDRESS, CITY, STATE, ZIP COD 8830 VIRGINIA STREET AMELIA, VA 23002			
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	documented, "IF A RE HIGH RISK OF FALL: DEVICES ARE PLAC PREVENTATIVE DEVICES ARE PLAC PREVENTATIVE DEVICES ARE PLAC PREVENTATIVE DEVICES ARE PLAC PREVENTATIVE DEVICES ARE PLAC PREVENTATIVE DEVICES ARE PLAC PREVENTATIVE DEVICES ARE PLAC PREVENTATIVE DEVICES ARE PLAC PREVENTATIVE DEVICES ARE PLAC PREVENTATIVE DEVICES ARE PLACED TO PREVENTATIVE DEVICES ARE PLACED TO PREVENTATIVE ARE PLACED TO PREVE	ESIDENT IS DEEMED A S PREVENTATIVE ED. FACILITY FALL PICES ARE: FALL ALARM, HAIR PAD ALARM, LOW S, AND BOLSTERS" was presented prior to exit. 10/7/16 and the facility In the resident's bed without It e safe use of the bed Intion for Resident #14. On It was observed sitting on the It (the bed bolsters had 12/16 Resident #14 was It beside the bed. On It beside the bed. On It beside the bed and It he facility staff failed to It of bed bolsters after each In the facility on 7/31/15. In the facility	F 32	23		
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DEPARTMENT OF HEALTH AND HUMAN

PRINTED: 03/16/2017

FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN RVICES
CENTERS FOR MEDICARE & MEDICAID CERVICES

PRINTED: 03/16/2017 FORM APPROVED OMB NO. 0938-0391

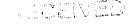
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		495358	B. WING			02/	28/2017
	ROVIDER OR SUPPLIER URSING CENTER	CORRECTED COPY	"	STREET ADDRESS, CITY, STATE, 8830 VIRGINIA STREET AMELIA, VA 23002	ZIP CODE		
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	bilateral knees after fall mat previously depain or discomfort, and normal limits). MD (responsible party) (above. New orders (every hour of sleep intervention in place). A fall investigation dependent off of low ROM (Range of mot WNLs. Denies any in an upright position Action taken: (a che Bolsters to bed QHS manager's investigated and the comprehensive cared date of 10/7/16 docubed on fall mat on hextremities (sic) WN discomfort. Observe Stated, 'I slid off the comprehensive cared date of 7/12/16 docubed on fall mat on hextremities (sic) WN discomfort. Observe Stated, 'I slid off the comprehensive cared date of 7/12/16 docubed on fall mat on hextremities (sic) WN discomfort. Observe Stated, 'I slid off the comprehensive cared date of 7/12/16 docubed in the bolst #14. A physician's order of "Bolsters to bilateral bed." A fall risk assessmed documented Reside intermittent confusion	up for bruising noted to being observed on knees on uring the am. Denies any vital signs WNLs (within medical doctor) and RP daughter) aware of the received for Bolsters QHS) today. Daughter aware of ." ated 10/7/16 documented, bed on fall mat on her knees. ion) to all 4 exts (extremities) pain or discomfort. Observed in. Stated, 'I slid off the side.' ck mark beside) Othersic (every bedtime)" A unit tion report with an incident amented, "Resident off of low er knees. ROM x (times) 4 Ls. Denies any pain or ed in an upright position. side" Resident #14's plan with a problem start amented, "10/7- Resident fell.)10/7- Bil (Bilateral) the care plan and the clinical ment an assessment for the ers implemented for Resident dated 10/7/16 documented, bedside at all times while in	F	323			

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Event ID: 520X11

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		MEDICAID SERVICES				OMB N	<u>0. 0938-0391</u>
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					DEFICIENCY)	7112	
F 323		e 158 se of assistive devices elchair), presented with	F	323			
	impaired mobility and antidepressants, laxa	was continent, received tives and hypnotic (sleep)					
	two falls in the last thi	ed with a history of one or ee months, and presented unctional and psychiatric or	:				
	cognitive conditions.	The total score was 15,					
		14 presented with a high risk					
	for falls. The "PLAN of documented, "Continu	JF CARE" section ue Current Plan of Care."	i				
		12/1/16 documented, "Resi					
	(Resident) sitting on s p.m.) while administer	ide of bed at 2310 (11:10					
i		refused to lay down stating,					
		safety precautions in place					
		rly at that time. Resi found					
		de bed at 0030 (12:30 a.m.)					
	_	all alarm), disengaged BPA					
		emoved bolster" A fall		-			
		/1/16 documented, "Resi					
	found sitting on fall ma						ļ [
		alarm) had been removed					1
į		noved" A unit manager's					
	investigation report wi						
	12/1/16 documented,						
-		AT BESIDE BED- FA, BPA,					
		D AND DISENGAGED BY					İ .
1		RS REMOVED" A post					
	(registered nurse) #1	ompleted on 12/6/16 by RN			<u> </u> 		
		rife quality assurance or of nursing) documented					
I	Resident #14 fell in he	- ,					
í		documented, "Resident					
		ats on floor beside bed, fall					
		rm had been removed and					[
	disengaged. Bolsters					!	

documented Resident #14 was in bed prior to the

DEPARTMENT OF HEALTH AND HUMAN

CENTER	S FOR MEDICARE &	MEDICAID S⊏RVICES					O. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DAT	E SURVEY MPLETED
	7-7	495358	B. WING			02	C 2/28/2017
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F 323	resident was unable to was educated to preve #14's comprehensive of 10/12/16 document POTENTIAL FOR INJEALANCE AND GAIT RESTORATIVE; WILLI SELF UNASSISTED; TIMES; NEEDS EXTETRANSFERS12/1-BED BOLSTERS TO care plan and the dindocument an assessment of the safe use of the bord Resident #14. A nurse's note dated "resident (sic) found a (sic) stated, slide (sic) (sic) or bruising noted dated 12/27/16 document he fall mat. Resident date of 12/27, BESIDE BED ON THE STATED SHE SLIDE observation was documented potential for injurial plants. The safe use of the bord dated 12/27/16 document date of 12/27, BESIDE BED ON THE STATED SHE SLIDE observation was documented potential for injurial plants. The safe and comprehensive care provided that the safe and	alert with confusion, the or ambulate and the resident ent further falls. Resident care plan with a start date ted, "FALL RISK WITH JURY; UNSTEADY TANNSFER C/O (complains of pain) AT ENSIVE ASSIST WITH Fell. 0 injuryApproach: BED AS ORDERED" The ical record failed to ment or reassessment for laters implemented for laters implemented for laters investigation mented, "Right beside bed ent stated she slide (sic) ger's investigation with an later and	F	323			

inj...Approach: BED BOLSTERS TO BED AS ORDERED..." The care plan and the clinical record failed to document an assessment or

DEPARTMENT OF HEALTH AND HUMAN

	S FOR MEDICADE &	MEDICAID SERVICES		(FORM APPROVED
STATEMENT OF DEFICIENCIES						<u>MB NO. 0938-0391</u>
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	0	(3) DATE SURVEY COMPLETED
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	<u> </u>			DEFICIENCY)		
F 323	Continued From	- 400				
1 323	Continued From page		F 323	3		
		safe use of the bolsters				
	implemented for Resi	dent #14.				ļ
ĺ	A nurse's note dated	2/14/17 documented, "Resi				
		to get OOB (out of bed)				
		slid to floor mat, going over				
		e of bed. Resi had removed				
		ad alarm sounding. No c/o				
Ì		iced when questioned" A				
		d 2/14/17 documented,				
j		ansfer OOB without staff				
		r mat- No s/sx (signs or				
	symptoms) of injury			i		
]		ncident date of 2/14/17				
		ed pad alarm) SOUNDING,				
		MOVED FA. RESIDENT		[
	ATTEMPTED TO TRA					
[SISTANCE AND SLID TO				
		st fall observation form				İ
		by RN (registered nurse)				
		lent #14 fell in her room on				
		n of the fall documented,				,
	"Resident attempting					i i
		d to floor mat." The form				
		:#14 was in bed prior to the				
I		alert with confusion, the				ł
		stance with ambulation, and				
		alarm, fall mats and bed				
	bolsters were in use.					
	comprehensive care p	lan with a start date of				
		" HIGH FALL RISK WITH				
-	POTENTIAL FOR INJ	URY DUE TO DX				
	(diagnosis) OF OSTE					
	GLASSES AND HAS	ADEQUATE VISION WITH				
	USE; UNSTEADY BA					j j
	AMBULATES WITH A					
		TH ASKING AND WAITING				
	FOR ASSISTANCE FF					
	ATTEMPT TO TRANS		1			

DEPARTMENT OF HEALTH AND HUMAN (

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F 323	UNASSISTED2/14-	e 161 Resident fell while trying to pproach: BED BOLSTERS	F	323			
	TO BED AS ORDERE clinical record failed to	ED" The care plan and the odocument an assessment appropriateness /safety for					
	the continued use of t implemented for Resi	he bed bolsters					!
	records) from Octobe	(treatment administration r 2016 through February olsters to bilateral bedside ed."					
	failed to reveal occupa revealed physical ther service from 12/12/16	ident #14's clinical record ational therapy notes and rapy notes for dates of through 1/12/17. Review y notes failed to reveal					
	On 2/22/17 at 5:22 p.r conducted with ASM (member) #2, the direct (licensed practical nur ASM #2 stated reside starting at admission that ASM #2 stated if a reside starting at admission that ASM #2 stated if a residual that the conduction is a starting at admission that the conduction is a starting at admission that the conduction is a starting at a	m., an interview was fadministrative staff stor of nursing and LPN rse) #6 (a MDS coordinator), rst' fall risk is assessed then quarterly and yearly, rident is at risk for falls or rien interventions are					
	policy and procedure. resident falls, the nurs physician and respons	the facility falls prevention ASM #2 stated when a e reports the fall to the sible party, implements an eletes an incident report					
		#2 stated the physician	į				

follows up with the incident report and the unit manager assesses the intervention for appropriateness and turns the report in to her (ASM #2). ASM #2 stated the fall is then

DEPARTMENT OF HEALTH AND HUMAN CENTERS FOR MEDICARE & MEDICAID SERVICES

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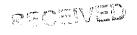
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	meeting and the intereach resident's fall, to implemented and who intervention is a good benefit from a different how the team decide appropriate, ASM #2 on nursing judgemer on the resident. Who interventions are roustated residents who previous week are dimanagement meeting should be done quark ASM #2 and LPN #6 the bed bolsters. AS was to establish periform falling out of becasked to provide evice conducted an assess bolsters and reasses attempted to crawl on 2/14/17; ASM #2 and provide this informating were asked to provide procedure for operating assessment of the safether use of bolsters. As unable to verbalize a Con 2/23/17 at 12:05 periodic conducted with CNA #7. CNA #7 was ask determination of fall in CNA #7 stated if she resident is trying to gesuggests various interested.	ekly risk management rdisciplinary team discusses the intervention that was nether the team thinks the didea or if the resident could ent intervention. When asked is if an intervention is stated the decision is based at and individualized based en asked if residents' tinely reassessed, ASM #2 have fallen during the scussed at the risk g and routine reassessments terly at care plan meetings, were asked the purpose of M #2 stated the purpose meters to keep residents d. ASM #2 and LPN #6 were dence that staff had sment for the safe use of bed sment after Resident #14 ver the bed bolsters on ILPN #6 were unable to on. ASM #2 and LPN #6 e the facility policy and onalizing bolsters to include a fety and appropriateness for ASM #2 and LPN #6 were process or provide a policy. D.M., an interview was (certified nursing assistant) ed to describe her role in the interventions for residents. walks into a room and a et out of bed then she	F	323		

FORM CMS-2567(02-99) Previous Versions Obsolete

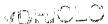
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Facility IO: VA0002

If continuation sheet Page 163 of 225



MAR 29 2017



PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN ₹VICES **FORMAPPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING С 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER **CORRECTED COPY** AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 323 Continued From page 163 F 323 nurse. CNA #7 stated nurses ultimately decide which interventions will be implemented. CNA #7 was asked when bed bolsters were considered. CNA #7 stated they would be considered when a resident keeps trying to throw his/her feet off the side of the bed or keeps trying to get up. When asked how staff determine if bolsters are safe and appropriate, CNA #7 stated staff usually makes sure the resident is safe by monitoring the resident to see if the resident is trying to climb out of the bed. When asked if she had ever been educated on bed bolsters prior to the survey, CNA #7 stated one person on that hall (the hall CNA #7 and this surveyor were standing in) was beginning the use of bolsters so CNA #28 (the medical records employee and the person who usually applied bolsters) showed her how to put the bolsters on. CNA #7 stated this occurred within the past year. When asked if she had received any safety instructions regarding bolsters, CNA #7 stated she had not. When asked if the risks of residents climbing over the bolsters had been discussed, CNA #7 stated. "No. I don't think we discussed it."

On 2/23/17 at 12:15 p.m., an interview was conducted with LPN #17, regarding the process staff follows when a resident falls. LPN #17 stated the nurse should go in and assess the resident for any injuries, complete a fall incident report, and notify the physician and family. LPN #17 stated she might also send a referral to therapy for evaluation. When asked what type of interventions she would put in place for fall prevention, LPN #17 stated, "It depends on how the resident fell. If the resident fell out of bed, I might write an order for side rails." When asked about bed bolsters, LPN #17 stated bed bolsters keep the residents from falling out of the bed.

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ti ai i ho ti c t ti c t b a o fo	consisters as a first inter- continued to fall out of into place. When asked determine that bolster intervention for a resic would just put it on the cushioned." LPN #17 create a problem for the or if the resident does he bolsters, then they intervention to use. We assessed for safety printo place, LPN #17 st inow nursing assesses or where this assessment of the therapy." Interapy assessed a re consult with therapy." Interapy assessed a re consult with therapy." Interapy assessed a re consult with therapy. Interapy assessed a re consult with therapy. Interapy assessed a re consult with therapy. Interapy assessed to the bed dursing bolsters, LPN #1 could climb over them. The bolsters to the bed fursing staff applied be incomes with straps the traps go under the bear and there are directive ghten." When asked onducted after bed be onducted after bed be onducted after bed be the conducted after bed be sed. There are directive ghten." When asked onducted after bed be onducted after bed be sed what nursing is off on the TAR (treatments)	would not order or place rention, but if a resident f bed, bolsters would be put ed how nursing would s were a safe and effective dent, LPN #17 stated, "We e bed. They are padded and stated if the bolsters do not he resident with positioning not attempt to crawl over should be a safe then asked if residents are ior to the bolsters being put ated, "Yes." When asked for the safe use of bolsters tent is documented, LPN discuss with the unit then we LPN #17 was not sure if sident for the use of about the potential risks of the time we LPN #17 stated that the ed bolsters. When asked d bolsters. When asked d bolsters, LPN #17 stated, that are Velcro and the d and come back over the tons that show how to if any monitoring was tolsters were put into place, took at the bed every shift there y 30 minutes." When looking for and checking tent administration record) tent of the time we the potential risks of the potent	F 323			

On 2/23/17 at 12:20 p.m., an interview was

PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN ₹VICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING _ COMPLETED C 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CDDE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CRDSS-REFERENCED TO THE APPROPRIATE OATE DEFICIENCY) F 323 Continued From page 165 F 323 conducted with CNA #40 (a restorative CNA [a CNA who provided exercises and other activities of daily living to maintain residents' level of functioning]). CNA #40 was asked when bed bolsters would be considered for residents. CNA #40 stated staff would try bed alarms and fall mats but if they didn't work then staff would try bolsters. CNA #40 stated bolsters worked most of the time but a few residents could get over them. When asked the purpose of the bed bolsters, CNA #40 stated it was to keep residents from coming out of the bed. When asked if she had ever been educated on the use of bed bolsters prior to survey, CNA #40 stated she aiready knew how to apply them. CNA #40 stated therapy staff or nurses show CNAs how to put bolsters on beds if needed and if staff does not know how to apply them. CNA #40 stated she "didn't deal with them much." When asked to describe what should be done each day to monitor bed bolsters, CNA #40 stated the bolsters should be checked to make sure they aren't loose and everything is hooked up the way it should be. When asked if she had received any in-services related to bed bolsters, CNA #40 stated she had not but the nurses could show staff how they work. At this time, CNA #40 was asked to accompany this surveyor to an empty resident room and show this surveyor how to apply

bolsters. CNA #40 obtained a set of bolsters and accompanied this surveyor to an empty resident room. CNA #40 stated she puts the bolsters on then the fitted and flat sheets fit over top of the bolsters. CNA #40 was asked to provide a demonstration. CNA #40 removed the comforter and sheets from the bed, placed a bolster

midways the length of the bed on each side of the bed, ran two straps that attached each bolster across the width of the bed mattress from one

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On 12/23/17 at 12:30 p.m., an interview was conducted with RN (Registered Nurse) #7 regarding falls. RN #7 stated that falls were discussed in risk management meetings once a week. RN #7 stated that the nurse who was present during a fall would implement an intervention and then this would be discussed in the risk management meetings to determine if the intervention was appropriate. When asked at what point bolsters would be put into place, RN #7 stated that she could not give a generic answer because interventions that are put into place are different for each individual. RN #7 stated that bolsters would be put into place if the

DEPARTMENT OF HEALTH AND HUMAN ?VICES CENTERS FOR MEDICARE & MEDICAID SURVICES

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F 323	Continued From pag	e 167	F	323			
		om them. When asked how	'	020			
		f bolsters were safe and					
	_	dent, RN #7 stated, "I don't					
		he resident's reactions					
		now how a resident is going					
İ		case by case." When asked					
		ated with bolster use, RN #7					
	stated, "The resident	could get caught up in it or					
	crawl over them. I do	n't think it's a restraint of any					
		low to safely apply bed					1 1
		d, "(Name of CNA#28) puts					
		ay. I don't really put them on					
	_	s are usually out of bed					
		en asked if there was a					
	manual or directions						
		d, "I don't know about					
		sked what it meant on the					
	•	nistration record) when					
		off that bed bolsters were in "That is just an FYI (for your					
	•	lent uses bed bolsters."					
	On 2/23/17 at 12:46	o.m., an interview was					
ĺ		#28 (the medical records					
		stated that she buys the					
l l		acility and applies some of					
1		NA #28 stated that the other					
		ee how she applies the bed					
İ		d if she was aware of any					
I		using bed bolsters, CNA					
	•	ent could try to get up over					
		sked if the bolsters were					1
		nere was space between the					
		CNA #28 stated that the the bed. On 2/23/17 at					
I .	_	on of CNA#28 applying the					
		ducted. Once the bolsters					
		e bed, a surveyor was able					
		underneath the straps and					

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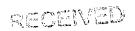
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F 323	it's possible" CNA	CNA #28 stated, "I guess A #28 confirmed the bolsters s surveyor could put an entire	F	323			
	nursing/quality assurateview of residents' far managers then discurbed management meeting assessments of fall in risk management meeting assessments of fall in risk management meeting assessment for the interventions is composed that it is part of the interventions is composed that it is part of the fall interventions are resident, RN #1 state the resident has sustated the resident has sustated the resident for the sainterventions is composed reviewed; RN #1 assessment for the sainterventions is composed reviewed; RN #1 the process. When a management team was policies and procedur place for nursing staff regards to the purpose forms that RN #1 had she completes the for staff followed up with sure an intervention was tated she reviews the intervention, asks the	1 (the assistant director of ance nurse). RN #1 stated alls are completed by unit ssed in the risk gs. RN #1 stated atterventions are discussed in etings and then the unit asible for the oversight and anterventions. When asked if the safety risks of fall leted, RN #1 stated, "I don't the process." When asked if the reassessed for each do that should depend on if aned another fall and if so, ention should be was asked if an afety risks of fall leted when fall interventions stated this was not part of sked if the risk as responsible for ensuring the stated that stated, "Yes." In the of the post fall observation completed, RN #1 stated that the see if the nursing prevention and to make was implemented. RN #1 e physician order for the					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 520X11

Facility ID: VA0002

If continuation sheet Page 169 of 225



MAR 29 2017 VONICLO

PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN **FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING С 495358 B. WING 02/28/2017 NAME OF PROVIOER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED CORY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION **PREFIX** (FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 323 Continued From page 169 F 323 look to see if the intervention is safe or in place. On 2/27/17 at 11:25 a.m., Resident #14 was observed in a wheelchair in the dining room. Observation of the resident's room failed to reveal bed bolsters On 2/28/17 at 2:37 p.m., an interview was conducted with OSM (other staff member) #3 (the physical therapist). OSM #3 stated when he was working with Resident #14 the resident was able to walk at least 50 feet times three with a rolling walker and minimal assistant. OSM #3 stated the resident could also propel self in the wheelchair but had difficulties with forward leaning. When asked if he participated in any assessments or the application of Resident #14's bed bolsters, OSM #3 stated he wasn't aware the resident had bed bolsters. On 2/27/17 at 3:38 p.m., ASM (administrative staff member) #2 (the director of nursing) and the former director of nursing who was standing in for the administrator for the day were made aware of the above findings. No further information was presented prior to exit. (1) "Parkinson's disease (PD) is a type of movement disorder. It happens when nerve cells in the brain don't produce enough of a brain

chemical called dopamine..." This information

https://medlineplus.gov/parkinsonsdisease.html

(2) "Dementia is the name for a group of symptoms caused by disorders that affect the brain. It is not a specific disease. People with

was obtained from the website;

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F 323	do normal activities, seating. They may los problems or control the personalities may chat agitated or see things information was obtain https://vsearch.nlm.nimeta?v%3Aproject=medlineplus-bundle&884881.139120270.14 (3) "Insomnia is a conhave it, you may have staying asleep, or bot obtained from the well https://vsearch.nlm.nilmeta?v%3Aproject=medlineplus-bundle&63. The facility staff fail for the appropriate and [1] (wedge shaped for by 7 inches height by the edge and located of the mattress and sestraps that buckle) as prevention of falls out the bolsters on Reside 1/5/17, Resident #3 fewhile the bolsters were Resident #3 was admit with a readmission on that included, but were craniotomy (1) (the su	able to think well enough to such as getting dressed or e their ability to solve neir emotions. Their ange. They may become that are not there" This ned from the website: h.gov/vivisimo/cgi-bin/query-nedlineplus&v%3Asources=query=dementia&_ga=1.67877942321 Inmon sleep disorder. If you a trouble falling asleep, h" This information was osite: n.gov/vivisimo/cgi-bin/query-nedlineplus&v%3Asources=query=insomnia ed to evaluate and assess and continued use of bolsters are devices 34 inches long 8 inches depth placed on mid mattress on both sides accured to the bedframe with assistive devices for the of the bed. After placing ent #3's bed for safety on II out of his bed on 2/11/17 er in place. tted to the facility on 8/9/13 4/20/15 with diagnoses	. F:	323			

blood pressure, aphasia (difficulty with talking), glaucoma (a disease of the eye causing

DEPARTMENT OF HEALTH AND HUMAN (

PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN **₹VICES** FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) OATE SURVEY AND PLAN OF CORRECTION IOENTIFICATION NUMBER: COMPLETED A, BUILOING С 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET AOORESS, CITY, STATE, ZIP COOE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 (X4) IO SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION JX5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **OEFICIENCY)** F 323 Continued From page 171 F 323 blindness), heart disease, agitation, a traumatic brain injury, and difficulty swallowing. Resident #3's most recent MDS (minimum data set) is a quarterly assessment with an ARD (assessment reference date) of 1/27/17. Resident #3 was coded as being unable to complete the Section C, Cognitive Patterns, BIMS (brief interview for mental status) and Resident #3 was coded by staff as being severely cognitively impaired. Resident #3 was coded as being totally dependent of two people with bed mobility. A review of Resident #3's clinical record revealed documentation that he had fallen on six occasions since 4/1/2016 on the following dates:

A review of Resident #3's clinical record revealed documentation that he had fallen on six occasions since 4/1/2016 on the following dates; 4/21/16, 6/5/16, 7/27/16, 8/24/16, 1/4/17 and 2/11/17. The following falls were documented as being found on floor beside the bed; 6/5/16, 1/4/17 and 2/11/17. There is no documentation concerning the details of the falls that occurred on 4/21/16 and 7/27/16.

A review of Resident #3's clinical record revealed, in part, a physician order dated 1/5/17 that documented, in part, the following; "Received Date: 1/5/2017 Start Date: 1/5/2017 Order Description: BOLSTERS TO BED AT ALL TIMES." Signed by ASM (administrative staff member) #3, the medical doctor, on 1/5/17 at 4:32 P.M.

A review of Resident #3's TAR (treatment administration record) dated 2/1/2017 - 2-24/2017 revealed, in part, the following fall interventions in place prior to the new order for bolsters; "Fall alarm on at all times. Start / End Date 6/2/2014 - Open Ended. Floor mats to b/L (bilateral) bedside while in bed. Start / End Date 6/2/2014 - Open

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495358	B. WING			С	
NAME OF P	ROVIDER OR SUPPLIER	433300		STREET ADDRESS, CITY, STATE, ZIP CODE		02/28/2017	
	URSING CENTER	CORRECTED COPY		8830 VIRGINIA STREET AMELIA, VA 23002			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD			IX5I COMPLETION OATE	
F 323	Ended. Low bed in lostart / End Date; 6/2/2 interventions were ch (observed to be in plate - 2/22/2017. A review of Resident is revealed, in part, the fare - "1/4/2017 8:40 PM was resident found in floor the lowest position, fare functioning, no injuries doctor) / RP (responsivaware." - "2/11/2017 2:14 AM sounding, staff entere on knees on fall mat assisted back to bed, get of bed, res assisted and brought to dayroom	west position while in bed. 2014 - Open Ended." All ecked off as completed ace) each day from 2/1/2017 #3's nursing progress notes following documentation; writer called to room by staff, on knees on mat, bed in all alarms in place and a noted, MD (medical able party called and made Bed pad and fall alarm d room, res (resident) noted No injuries noted. Res but he continued to try to ad up in w/c (wheel chair)	F	323			
	reveal that an incident the fall that occurred of the fall that occurred of the following documer Bed pad and fall alarm room, re. noted on his following descriptors of checked as "yes"; "Wause? Were bed rails prails? Up." A facility form "Post Fa 2/11/2017 documented "Creator: (Name of RI	report was completed for on 1/4/2017. ed 2/11/17 revealed, in part, nation; "Brief Description; of sounding, staff entered knees on the fall mat. The on the incident report were as bed/personal alarm in resent? Position of bed					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 520X tt

Facility ID: VA0002

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MAR 29 2017



DEPARTMENT OF HEALTH AND HUMAN CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Mult A. Buildii	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		495358	B. WING_			į.	C
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	, CODE	02	/28/2017
AMELIA N	URSING CENTER	CORRECTED COPY		8830 VIRGINIA STREET AMELIA, VA 23002			
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG		CTION SHOULD B		(X5) COMPLETION OATE
F 323	Detailed description alarm sounding, staff noted on hia (sic) knows the resident's looked checked). Restr fall alarm, floor mats, (bilateral) bolsters to any of the following to Antipsychotics/Neuroland the contributers a pattern to resident has fell (sic) there a pattern to resident have contributed provided). Plan of Cabe taken to prevent for provided)."	e 173 d Date: 2/15/2017 4:36 PM. of the fall? bedpad and fall f entered room, resident ees on the fall mat. What cation prior to the fall? (In aints / Adaptive Equipment: low bed, bed pad alarm, b/I bed. Does resident receive ypes of medications? oleptics checked. Fall history dent fallen in last 90 days? once in the past 90 days. Is ident's falls? If so, describe. Immarize potential factors that ed to the fall. (no response are: Describe measures to urther falls. (no response	F3	323			
	on 4/24/2016 with a s score of 15 and 1/21/ The fall risk assessm	k assessments completed score of 16; 7/29/2016 with a '2017 with a score of 16. ent provides, in part, the					
	of 10 or higher repres On the fall risk asses following documentat	ion; "Fall Risk Score - Score sents a high risk for falls." sment dated 1/21/17 the ion is provided; "Plan of Plan action taken. Continue				·	
	Reports for Resident investigation had bee #3's falls that had occ 7/27/16, 1/4/17 and 2						
		#3's clinical record failed to nall or physical therapy notes.					

DEPARTMENT OF HEALTHAI			·		FORM APPROVED
CENTERS FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I	PLE CONSTRUCTION G	_	(X3) DATE SURVEY COMPLETED
	495358	B. WING _			C 02/28/20 17
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, 9	STATE, ZIP CODE	02/20/2017
			8830 VIRGINIA STREET	_,	
AMEL A NURS)NG CENTER	CORRECTED COPY		AMELIA, VA 23002		
	ATEMENT OF DEFICIENCIES	ID	PROVIDER	S PLAN OF CORRECTION	(X5)
	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMAT(ON)	PREFIX TAG		ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIA DEFICIENCY)	COMPLETION :
F 323 Continued From page	e 174	F 3:	23		
A review of the "Reha	abilitation Screening Form"				
provided by the rehat	pilitation therapy revealed				
the therapy departme	en" had been performed by ent on Resident#3 on				
1/11/17. The following	ng areas were assessed				
during the screening functions/ROM (range					
nutrition/swallowing, s					
communication/cogni	tion. The following, in part,				
	ne end of the form; "Results				
	hab (rehabilitation) Screen:		ļ		
1/11/17.	and dated by therapy on				
A review of Resident	#3's comprehensive care				
	e of 8/9/2013 and a review				
	aled, in part, the following				
Category: Falls. FAL	lem Start Date 2/1/2017.				
	_ OF ONE OR TWO WITH				
	ily living). EXTENSIVE				
ASSIST OF TWO ANI	O HOYER LIFT (a brand of				
	sed to transfer people from				
one surface to anothe					ľ
	Y/AGITATION H/O (history				
of) FALLS. DX (diagno	oses) OF VITH C/O (complaint of)				
	POTENTIAL FOR INJURY.				
UNSTEADY BALANC					
	BED ALARM AND FLOOR				
MATS BESIDE BED F	OR SAFETY. BOLSTERS				
	THIS REVIEW. Approach;				
FALL/CHAIR/BED PA					
ORDERED - MONITO					
PLACEMENT - MONI					
	IS OFF; DOCUMENT AND ED - ENSURE ALARMS				

ARE IN GOOD WORKING ORDER; CHANGE

DEPARTMENT OF HEALTH AND HUMAN VICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/16/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILDI			1	С
		495358	B. WING	<u>.</u>			2/28/2017
NAME OF PROVIDER OR SUPPLIER AMELIA NURSING CENTER CORRECTED COPY			STREET ADDRESS, CITY, STATE, ZIP COI 8830 VIRGINIA STREET AMELIA, VA 23002				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	IX5) COMPLETION DATE
F 323	FLOOR MATS BES LOWEST STETTIN BED IN LOW POSI ORDERED. MONI AND INTERVENTION There were no furth comprehensive care bolsters in place on On 2/22/17 at 11:30 permission to enter Resident #3 was not there putting away is relationship to Resid his wife. This writer bed was fully made bilaterally. On both side rails bolsters were observed to st head would be positively way down the bed. #3's wife (responsib were and why were #3's wife stated that him from falling out further stated that he of the bed, that he he from an ATV (all-term could no longer und directions to stay in On 2/22/2017 at 2:4 conducted with LPN	INELY AND PRN (as needed); SIDE BED; HAVE BED IN G WITH BREAKS ON. KEEP TION WITH FALL MATS AS TOR AND REPORT FALLS ONS PUT INTO PLACE." Iter directives in the eplan in regards to the the bed. It a.m. this writer asked into Resident #3's room, at in the room but a lady was aundry, when asked her dent #3 she stated she was robserved that Resident #3's with the side rails up sides of the bed against the ere attached to the bed and art at the point where the tioned and extend 3/4 of the This writer asked Resident at they were there to prevent of the bed, Resident #3's wife er often attempted to climb out and suffered a brain injury rain vehicle) accident and he erstand or remember	F	323			
	LPN #5 stated, "Whi	be used when a resident fell. ichever nurse is working with ney fall decides on which					

DEPART	MENT OF HEALTH AN	ID HUMAN (/ICES			(ED: 03/16/2017
		MEDICAID SERVICES					RM APPROVED <u>10. 0</u> 938-0391
STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			TE SURVEY MPLETED
		495358	B. WING				C 2/28/2017
NAME OF P	ROVIDER OR SUPPLIER			s	STREET ADDRESS, CITY, STATE, ZIP CODE		2/28/2017
AMELIA N	IURSING CENTER	CORRECTED COPY			8830 VIRGINIA STREET AMELIA, VA 23002		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	D BE	(X5) COMPLETION DATE
	therapy referral, we all LPN #5 was asked to of interventions that constated, "Fall alarms, so try to climb out of the bolsters." LPN #5 was the interventions after LPN #5 stated, "They management meeting on 2/22/17 at 3:50 p. robserved self-propelling wheelchair going into observed to have most wheelchair going into observed to have most wheelchair going into observed to have most wheelchair going into observed to have most wheelchair going into observed to have most wheelchair going into observed to have most wheelchair going into observed to have most wheelchair going into observed to have most wheelchair going into observed to have most wheelchair going into observed to have most wheelchair going into observed to have most wheelchair going into observed to have most wheelchair going into observed to have most wheelchair going into observed to have most wheelchair going into observed with ASM # practical nurse) #6 (a stated residents' fall ris admission then quarter stated if a resident is a history of falls then into and the interventions at the facility falls prevent ASM #2 stated when a reports the fall to the party, implements an incident report with the physician follows upon the unit manager of appropriateness are (ASM #2). ASM #2 stated discussed at the week	colace, after that we do a lways do that after a fall." give examples of the types ould be put in place, LPN #5 eat pad alarms and if they bed, then we use the sasked who would review they were put into place, are reviewed at the risk." The Resident #3 was and while seated in a his room. Resident #3 was polity of his arms. Resident dat this time to have the ace on the bed. The American Associated was a serventions are implemented are determined based on tion policy and procedure. The resident falls, the nurse obysician and responsible entervention and completes in 24 hours. ASM #2 stated up with the incident report assesses the intervention and turns the report in to her ated the fall is then	F	323			

each resident's fall, the intervention that was implemented and whether the team thinks the

DEPARTMENT OF HEALTH AND HUMAN VICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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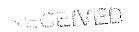
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		DATE SURVEY COMPLETED
		495358	B. WING_			C 02/28/20 17
NAME OF PROVIDE		CORRECTED COPY		STREET ADDRESS, CITY, STATE, ZIP CO 8830 VIRGINIA STREET AMELIA, VA 23002	DDE	02/20/20 /
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN DF ((EACH CORRECTIVE ACT) (EACH CORRECTIVE ACT) (EACH)	ON SHOULD BE HE APPROPRIATE	IX5) COMPLETION DATE
intervience how approon not on the intervience state previence and should ASM how to Reside provience or suppose #2 are bed be estable out of provience and reappropriate and Lor process the new for an and new state of for every preventile.	fit from a differ the team decide priate, ASM # ursing judgeme e resident. Wherentions are rold residents whous week are degement meeting do be done qualified be done qualified be done qualified be done qualified any documed or on the electric did LPN #6 were politically primited a political pol	ge 177 od idea or if the resident could ent intervention. When asked es if an intervention is 2 stated the decision is based and and individualized based are asked if residents' utinely reassessed, ASM #2 to have fallen during the discussed at the risk and and routine reassessments arterly at care plan meetings. So were asked to demonstrate as completed as described for #2 and LPN #6 were unable to entation from the paper clinical extronic medical record that alization of the process. ASM asked the purpose of the #2 stated the purpose was to be to keep residents from falling and LPN #6 were asked to olicy and procedure for exters to include assessment of the safety and the use of bolsters. ASM #2 hable to verbalize a process p.m., an interview was #17. When asked the has a fall, LPN #17 stated in and assess the resident plete a fall incident report, can and family. LPN #17 o send a referral to therapy in asked what type of build put in place for fall is stated, "It depends on how he resident fell out of bed, I	F3	23		

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Facility ID: VA0002

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB N	O. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY IPLETED
		495358	B. WING			1	C 2/28/2017
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				1	8830 VIRGINIA STREET		
AMELIA NURSING CENTER CORRECTED COPY			ŀ	AMELIA, VA 23002			
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F 323	Continued From page	. 178		ാറാ			
				323			
		or side rails." When asked ell this writer about bolsters,					
		ers keep the residents from					
		LPN #17 stated staff would					
	_	sters as a first intervention,					
	but if a resident contir						
		into place. When asked					
	how nursing would de						
	safe and effective inte					:	
	#17 stated, "We would			•			
	are padded and cushi						
	the bolsters do not cre						
		ng or if the resident does					
		ver the bolsters, then they					
	should be a safe inter						
	asked if residents are	assessed for safety prior to					1
İ		into place, LPN #17 stated,					
	"Yes." When asked he	ow nursing assesses for the					
		where this assessment is					
	documented, LPN #17	′ stated, "We would discuss					
İ	with the unit manager	and therapy. Most of the	İ				
	time we consult with th	nerapy." LPN #17 was not					
	sure if therapy assess	ed a resident for the use of					
		the potential risks of using					
	bolsters, LPN #17 stat	ed that the resident could					
		n asked who applies the					
	bolsters to the bed, LF						
		olsters. When asked how					
		sters, LPN #17 stated, "It]
		are Velcro and the straps					į f
	_	come back over the bed.					
		at show how to tighten."					
		nitoring was conducted					
		e put into place, LPN #17					
Į		bed every shift but we					
		minutes." When asked			į		[]
		for and checking off on					
	the TAR (treatment ad	ministration record) for bed	1	- 1			, I

bolsters, LPN #17 stated, "We are signing that

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DEPART	MENT OF HEALTH A	ND HUMAN VICES			(D: 03/16/2017
CENTER	S FOR MEDICARE &	MEDICAID SERVICES					MAPPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495358	B. WING_				С
NAME OF D	ROVIDER OR SUPPLIER	40000	0. VVIIIO_			02	/28/2017
NAME OF P	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
AMELIA N	IURSING CENTER	CORRECTED COPY	Ī		VIRGINIA STREET		
				AME	ELIA, VA 23002		
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 323	Continued From pag	a 170					
1 323			F3	323			
	the bed bolsters are i	intact on the bed."					
	On 2/22/17 at 12:20	n m. an intendeduce					
	On 2/23/17 at 12:30 conducted with RN (F						
	regarding falls. RN #7 stated that falls were discussed in risk management meetings once a						
		that the nurse who was					
		ll would implement an					
		this would be discussed in					
		meetings to determine if the					
	_	ropriate. When asked at					
		ould be put into place, RN	1				
	#7 stated that she co	uld not give a generic					1
	answer because inter	rventions that are put into					
	place are different for	each individual. RN #7					
	stated that bolsters w	ould be put into place if the					
	resident benefitted fro	om them. When asked how					
	nursing determined if	bolsters were safe and	İ				
	appropriate for a resid	dent, RN #7 stated, "I don't					•
	•	ne resident's reactions					
	•	ow how a resident is going					
	to respond to it. It's o	ase by case." When asked					
		ated with bolster use, RN #7	İ				
		could get caught up in it or					
		n't think it's a restraint of any					
		hat it meant on the TAR					
	•	tion record) when nursing					
		ed bolsters were in place,				I	
	RN #7 stated, "That is					I	
	information) the recid	entuese had haletare "	1	- 1			I

On 2/23/17 at 12:45 p.m., an interview was conducted with LPN #11. LPN #11 was asked when bolsters would be considered and stated she guessed when the resident repeatedly tried to climb out of bed and staff had tried, "everything else." When asked how she would determine if a bolster was safe and appropriate for each

resident, LPN #11 stated she didn't apply bolsters

	WENT OF NEALTHAI	`		\		FORM	APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES					0. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE	
		495358	8. WING		,	1	C 28/20 17
NAME OF P	ROVIDER OR SUPPLIER		T	STREET ADDRESS, CITY, STATE, ZIF	2 CODE	02.	ZUIZU II
				8830 VIRGINIA STREET			
AMELIA N	IURSING CENTER	CORRECTED COPY		AMELIA, VA 23002			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	OF CORRECTION		JX5 J
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F 323	Continued From page	e 180	F 32	23			
	· -	training on the application	' ' ' '				
	of monitoring of and	assessment of residents for					
		ers. LPN #11 stated bolsters	ļ				
		uring the day and staff tried					
i		were at risk for falls up					
		#11 was asked what she					
		she was caring for needed					
		lied. LPN #11 stated she	İ				
		uring the week because she					İ
		pplication of the bolsters.					
	When asked what she would do during the weekend, LPN #11 stated, "Usually the aides		ŀ				
							ļ
		I tell them it needs to be put					Ī
		ed who was responsible for					
i		or safety of bolster use, LPN					
		anagers were responsible					
		intervention she was not				;	
		mmending because she				İ	
ì	the bolster order on R	them. LPN #11 was read					
						1	1
		ndicating by signing off the I1 stated she was signing off					İ
1		on the bed and nothing				i	
	else.	on the bed and nothing					
	On 2/23/17 at 12:46 p	.m., an interview was					ľ
		#28 (the medical records				Ì	İ
	employee). CNA#28	stated that she buys the					
		cility and applies some of					
		IA #28 stated that the other				Ì	ļ
		e how she applies the bed					1
		how she applies the bed				ļ	
		ted that there are bolsters				ŀ	
		d with straps. The straps					ļ
	=	bed frame and hook back					
		e straps clip together. CNA					
		d bolsters come with a	1				
-	manual or directions of	n how to apply. When	1			ŀ	

asked if she was aware of any risks associated

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PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN **VICES** FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING С 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED CORY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR USC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) F 323 Continued From page 181 F 323 with using bed bolsters, CNA #28 stated that a patient could try to get up over the bolsters. On 2/23/17 at 2:34 p.m. an interview was conducted with RN #1, the QA (quality assurance nurse). RN #1 was asked to describe her role in regards to a resident who falls. RN #1 stated that she would go over the incident report at the weekly risk management meeting and "come up" with an intervention based on the situation. RN #1 was asked how she would determine the safest / most appropriate intervention to use. RN #1 stated that she would start with fall alarms then go to a low bed with bilateral fall mats. When asked about the bolsters RN #1 stated. "We are not going to use bolsters at all now." RN #1 was asked whether prior to the removal of all the bolsters from the facility that morning was there a process in place that the nursing staff could refer to for guidance regarding which intervention should be chosen. RN #1 stated there was nothing. When asked if an assessment for the safety risks of fall interventions is completed, RN #1 stated, "I don't think that is part of the process." When asked if fall interventions are reassessed for each resident, RN #1 stated that should depend on if the resident has sustained another fall and if so.

then a different intervention should be implemented. RN #1 was asked if an assessment for the safety risks of fall

the process. When asked if the risk

interventions is completed when fall interventions are reviewed; RN #1 stated this was not part of

management team was responsible for ensuring policies and procedures for these matters were in place for nursing staff, RN #1 stated, "Yes." In regards to the purpose of the post fall observation forms that RN #1 had completed, RN #1 stated

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES					O. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE	E SURVEY PLETED
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				Α	MELIA, VA 23002		
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F 323	Continued From page	187		222			
		ms to see if the nursing) F3	323			
		prevention and to make					
		vas implemented. RN#1					
		e physician order for the		ŀ			
	intervention, asks the						
		put in place but does not					
		vention is safe or in place.					
	On 2/27/17 at 1:37 p.i			ĺ			
	conducted with OSM						
		/sical therapist). OSM #5					
	was asked to describe			İ			
		a resident's care after a fall. erapy department is notified					
ĺ		referral slip or via the risk					1
		s. OSM #5 stated once the					İ
		notified that a resident has]
		apist complete a screen to					
		ng the therapy department					
		sident would benefit from					
	therapy). OSM #5 sta						
		nt would not benefit from					
		step is to "work on safety					
		sing like floor mats." OSM				ļ	[
		lets the nursing staff know				ļ	
		andidate for rehab then the on the interventions. OSM					
	•	the physical therapists may					
		it is the responsibility of					
		the intervention to see if it					ļ 1
		t. At this time, OSM #5]
	confirmed she didn't p						
		ety of bolsters for residents.		1			
	OSM #5 stated someti			1			

department receives a referral to look at residents for positioning. OSM #5 stated in that case therapy staff would assess the appropriateness of the devices including bolsters if the resident had them. When asked how the therapy staff

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING_			(X3) DATE SURVEY COMPLETED	
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F 323	Continued From pa	ge 183	F:	323		}	
	assesses bolsters to	o determine appropriateness,					
		wasn't sure if the therapy staff					
	had ever assessed	a resident for positioning					
	related to bolsters b	ut if they did, they would	Į				
	assess the resident	for safety and make sure the					
		When asked how that safety					
		pe conducted, OSM #5 stated].			
		r to answer because the		İ		ļ	
		ist would be the person to				į	
		sment. During this interview					1
		what she would recommend					
		over a bolster. OSM #5 commend the removal of the	İ				
		tated, "It's really not doing					
		climbing over and falling."	}				
}	anything it they are	climbing over and failing.					
	On 2/27/17 at 2:20 p	o.m., an interview was					
		/l #2 (an occupational					ļ
}	therapist). OSM #2	was asked to describe the					ŀ
]		esident's care after a fall.					
1	OSM #2 stated his of	lepartment head attends					
		those meetings occur, the					
		d to complete screens. OSM					
		e also completed each				-	1
	•	d to describe a screen, OSM					
I .		an be done by any one of the					
		ines (physical therapy,				1	
,		or speech therapy) and is					ļ
		ee disciplines. OSM #2 nsists of taking a look at the					
		g an idea of what the					
		e and what the therapy				-	
		ride. OSM #2 stated the				i	
,	· · · · · · · · · · · · · · · · · · ·	pservation of the resident and					ļ
		epartment questions but					ĺ
		ids on physical interaction					
		t there is no physician's order					
	· ·	reat the resident. OSM #2					
	· · · · · · · · · · · · · · · · · · ·	termines if there is nothing					

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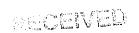
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F 323	if the resident will be physician's order to the was asked if he plays fall prevention devices the devices that are incompletes a screen in appropriateness of the that time. OSM #2 stated refers or the therapy directed asked if he is verbally occur but no OSM #2 stated refers or the therapy directed asked if he is verbally place for that resident those interventions, of that comes up very made to the importance of an relevance of interventions are importance and behaviors, diagnoses (unable to move) or complete to move) or complete to move and the importance of an intervention, of an intervention, of an intervention, of an intervention, of an intervention, of an intervention, of an intervention, of an intervention, of an intervention, of an intervention such used. OSM #2 stated dynamic, he assesses posture in wheelchair and able to respond in balance. OSM #2 was thought process occur implemented interventiated he didn't think to the stated he didn't th	ent can do for the resident or nefit from therapy and if so, a reat is obtained. OSM #2 sa role in the assessment of es. OSM #2 stated he notes implemented when he out he wasn't sure if the end discussion of the end discussion of the end discussion of the end discussion of the end discussion of the end forms appear on his desk or comes to him. When end told the interventions in the and discusses the safety of DSM #2 stated, "I don't think end or at all." When asked end assessment of the end tons, OSM #2 stated this end to the end to move) is different for a static end from this thought process end if the appropriateness of the end of how this thought process easing the appropriateness of the end	F 323			

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DEPARTMENT OF HEALTH AND HUMAN'S CENTERS FOR MEDICARE & MEDICAID SERVICES

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	F CORRECTION	IDENTIFICATION NUMBER:		IG		TE SURVEY MPLETED
		495358	B. WING_			C 2/28/20 1 7
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F 323	worked for Ms. X so is #2 stated the therapy "whole picture." OSM of bolsters (termed bil ramps by OSM #2). Were used to assist we can inadvertently roll the looks at the ability bolster is flush with the looks at the ability bolster is flush with the were any risks for bed with bolsters in didn't know if they we a bedrail because it we stated staff must come what works for resided conducts conversation interventions such as safe for residents, OS not. OSM #2 was asked for regarding the saft Resident #3. OSM #2 staff had periodically I there was no variation asked if he had any diregarding the safe use #3, OSM #2 stated he On 2/27/17 at 4:43 p.r. conducted with ASM #3 physician). ASM #3 wrole in the implemental ASM #3 stated she us recommendation and idea or it's not a good sometimes she asks t department for recomindevices. ASM #3 was	staff takes a look at the last was asked the purpose ateral bed wedges or bed DSM #2 stated the bolsters ith safety for people who but of bed. OSM #2 stated of the resident and if the e mattress. When asked if or residents trying to get out place, OSM #2 stated he re any more dangerous than was an obstacle. OSM #2 plete trial and error to see ints. When asked if staff ins to discuss whether fall mats and bolsters are M #2 stated the staff did with the end of the resident and in his condition. When scussions with other staff end in his condition. When scussions with other staff end fall interventions. In an interview was end in the staff was asked to describe her tion of fall interventions. Unlast was a good idea. ASM #3 stated he physical therapy mendations regarding asked to describe her ther bolsters are a good	F3	23		

DEPARTMENT OF HEALTH AND HUMAN	(/ICES
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F 323 Continued From page 186 generally not the physician on call because she is the "house" physician. ASM #3 stated if staff asks to implement bolsters or if she has recommended bolsters then she has seen the resident to decide if that's a valid recommendation. ASM #3 stated she has usually seen good results with bolsters regarding residents who are bed bound and don't roll or turn. ASM #3 was asked if she attended the risk management meetings. ASM #3 stated she did every week. ASM #3 was asked if there were discussions about fall interventions and the validity of the interventions for each resident.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
AMELIA NURSING CENTER CORRECTED COPY (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 323 Continued From page 186 generally not the physician on call because she is the "house" physician. ASM #3 stated if staff asks to implement bolsters or if she has recommended bolsters then she has seen the resident to decide if that's a valid recommendation. ASM #3 stated she has usually seen good results with bolsters regarding residents who are bed bound and don't roll or turn. ASM #3 was asked if she attended the risk management meetings. ASM #3 stated she did every week. ASM #3 was asked if there were discussions about fall interventions and the validity of the interventions for each resident.			495358	B. WING_	B. WING				
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generally not the physician on call because she is the "house" physician. ASM #3 stated if staff asks to implement bolsters or if she has recommended bolsters then she has seen the resident to decide if that's a valid recommendation. ASM #3 stated she has usually seen good results with bolsters regarding residents who are bed bound and don't roll or turn. ASM #3 was asked if she attended the risk management meetings. ASM #3 stated she did every week. ASM #3 was asked if there were discussions about fall interventions and the validity of the interventions for each resident.	PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO T	ION SHOULD B HEAPPROPRI	ΒE	COMPLETION	
ASM #3 stated, "Yes and if we need to change (the interventions) we talk about it." ASM #3 was asked if the risk management team discusses the safety and effectiveness of fall interventions. ASM #3 stated this was discussed only if there was an issue. When asked if a discussion should be held if a resident crawls over a bed bolster, ASM #3 stated, "We usually talk about that." ASM #3 was asked if she was aware Resident #3 continued with bolsters in place although the resident had crawled over the bolsters and fallen on 2/11/17. ASM #3 stated she didn't recall any information off the top of her head. When asked if the need for bolsters should have been reassessed after Resident #7 crawled over them, ASM #3 stated, "I would agree with that." When ASM #3 was asked if the reassessment of the bolsters should have been a function of the risk management team, ASM #3 stated, "Yeah." On 2/27/17 at 5:50 p.m. an end of the day meeting was conducted with ASM #1, the administrator, ASM #2, the director of nursing, LPN #2, the north wing unit manager, OSM (other staff member) #4, the dietary manager, OSM #7,		generally not the ph the "house" physicial asks to implement be recommended bolst resident to decide if recommendation. As seen good results we residents who are be turn. ASM #3 was a management meeting every week. ASM # discussions about favalidity of the interver ASM #3 stated, "Yes (the interventions) we asked if the risk man safety and effectiver ASM #3 stated this was an issue. When be held if a resident ASM #3 was asked in the continued with bolsteresident had crawled on 2/11/17. ASM # information off the to if the need for bolstereassessed after Resident had crawled on 2/11/17. ASM # information off the to if the need for bolstereassessed after Resident had crawled on 2/11/17. ASM # information off the to if the need for bolstereassessed after Resident had crawled on 2/11/17. ASM # information off the to if the need for bolstereassessed after Resident had crawled on 2/11/17. ASM # information off the to if the need for bolstereassessed after Resident had crawled on 2/11/17. ASM # information off the to if the need for bolstereassessed after Resident had crawled on 2/11/17. ASM # information off the to if the need for bolstereassessed after Resident had crawled on 2/11/17. ASM # as asked it bolsters should have management team, in the properties of the properties	an. ASM #3 stated if staff polsters or if she has seen the staff polsters or if she has seen the staff staff polsters or if she has seen the staff staff polsters or if she has seen the staff staff polsters regarding sed bound and don't roll or asked if she attended the risk angs. ASM #3 stated she did so was asked if there were sall interventions and the sentions for each resident. It is and if we need to change we talk about it." ASM #3 was an agement team discusses the ness of fall interventions. Was discussed only if there in asked if a discussion should crawls over a bed bolster, it is she was aware Resident #3 sers in place although the dover the bolsters and fallen so stated she didn't recall any pop of her head. When asked its should have been sident #7 crawled over them, build agree with that." When if the reassessment of the sebeen a function of the risk ASM #3 stated, "Yeah."	F3	123				

DEPARTMENT OF HEALTH AND HUMAN VICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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		(X I) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	B.	TPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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F 328 SS=D	the business manage of maintenance. The made aware of the cwas no further inform provide. A review of the facilit Completion of Incide the following docume fall (sic) his/her charge report, then the charge intervention, writes of the charge nurse ensities was carried out. No further information of the survey provided in the survey provided	er and OSM #1, the director e administrative staff was oncern and stated that there nation that they could by policy "Policy for Int Report" revealed, in part, entation; "When a resident ge nurse fills out an incident ge nurse implements a (sic) order for the intervention, then sures that the intervention In was provided prior to the locess. In was obtained from the ledicine.org/healthlibrary/_pro orderaniotomy_92,p08767 In (i)(i)(j) TREATMENT/CARE OS Insure that residents receive care to maintain mobility the facility must: Ind treatment, in accordance indured of practice, including ons from the resident's and Set the resident in making		1. Resident #4 has her oxygen reg on 2L/min as ordered by the M.D. charge nurse will check at the begishift to assure the correct liter flow. 2. All Residents who have orders for have been checked by the unit man assure correct liter flow per physicing. 3. All licensed nursing staff have beinserviced on checking liter flow with shift rounds. The charge nurses make the liter flow prior to signing off on the sheets. When the charge nurse significant sheets have the stating that checked and the liter flow is correct managers will monitor the charge.	The shift inning of the or oxygen nagers to ian's order. een nen making iust check treatment ins the she has it. The unit	02/24/17 03/01/17	

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Event ID: 520X11

Facility ID: VA0002

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DEPART	MENT OF HEALTH AN	ND HUMAN (ICES				D: 03/16/2017
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F 328	Continued From page	e 188	F 328	The Unit Managers will report to the risk management meeting weekly on the outcor	me	02/22/47
	The facility must ensu			of daily monitoring. The QA committee will monitor quarterly.		03/22/17
;	services, receive such					
	professional standard	•				
	the resident's goals a	n-centered care plan, and nd preferences.				
	(g)(5) A resident who	is fed by enteral means				
		ate treatment and services				
	to prevent complications of enteral feeding					
		ed to aspiration pneumonia				
	diarrhea, vomiting, de	hydration, metabolic sal-pharyngeal ulcers.		<u> </u>		
	abnormandes, and na	sai-pilaryligear dicers.				
	(h) Parenteral Fluids. administered consiste	Parenteral fluids must be nt with professional				·
		and in accordance with				
	physician orders, the	•				
	goals and preferences	plan, and the resident's s.				
		cluding tracheostomy care g. The facility must ensure				
	that a resident who ne					
	including tracheostom					
		such care, consistent with				
	professional standards	s of practice, the n-centered care plan, the				
		references, and 483.65 of				
		cility must ensure that a				
	resident who has a pro and assistance, consis	esthesis is provided care				
	standards of practice,					

person-centered care plan, the residents' goals

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DEPARTMENT OF HEALTH AND HUMAN (VICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
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F 328	and preferences, to prosthetic device. This REQUIREMEN by: Based on observation document review are was determined that administer oxygen at order for one of 26 ms ample, Resident #4 On 2/21/17 and 2/22 observed to have oxylpm (three liters per order was for the oxythe rate of 2 lpm (two). The findings include Resident #4 was add 6/13/13 and most rewith diagnoses includisease, breast can pressure. On the my data set), a quarterly assessment reference #4 was coded as be impaired for making coded as having received back period. On the following dat was observed lying in through a nasal cannot (three liters per minus) 2/22/17 at 7:45 am; 2/2/2/17 at 3:55 p.m.	wear and be able to use the IT is not met as evidenced on, staff interview, facility and clinical record review, it to the facility staff failed to according to the physician's esidents in the survey 1. 2/17, Resident #4 was evident #4 was evident #4 was evident #4 was evident #4 was evident #4 was evident #4 was evident #4 was evident #4 was evident #4 was evident #4 was evident #4 was evident #4 was evident #4 was evident #4 was evident #4 was evident #4 was evident #4 was evident #4 was evidenced to evident #4 was evidenced to evidenced or evidence	F	328		

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				8830 VIRGINIA STREET		
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	and electronically sig (oxygen) continuously per minute) via (by we (related to) SOB (sho comfort measures ev A review of Resident plan dated 1/24/17 re "Resident continues to be at the end of life On 2/23/17 at 11:35 and nurse) #5 was intervied about the process for order for oxygen adm LPN #5 stated: "You when I first see a resident is on continuouslygen concentrator, at it as she would look LPN #5 stated: "No of fiddling with the conceorders for oxygen are When asked how she a rate on a concentral stated: "There's an of (treatment administratioff." On 2/23/17 at 4:40 p.r staff member) #1, the the director of nursing concerns. A review of the facility	g order written on 7/17/16 ned by the physician: "O2 y running 2L/min (two liters ay of) NC (nasal cannula) r/t rtness of breath) and ery shift." #4's comprehensive care vealed, in part, the following: o decline; resident appears Oxygen per order." .m., LPN (licensed practical ewed. LPN #5 was asked following the physician's inistration to a resident. visualize it. I try to do it dent." She stated if a ous oxygen by way of an she may not look as closely at a portable oxygen tank. ne is supposed to be entrator." She stated most at two liters per minute. would verify whether or not or is correct, LPN #5 der. It's also on the TAR ion record) to be signed m., ASM (administrative administrator, and ASM #2, , were informed of these policy entitled "Oxygen lasal Cannula" revealed, in	F 328			

requires a physician's order... Turn on flowmeter

DEPARTMENT OF HEALTH AND HUMAN

PRINTED: 03/16/2017

DEPARTMENT OF HEALTH AND HUMAN ₹VICES PRINTED: 03/16/2017

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IOENTIFICATION NUMBER: COMPLETED A. BUILDING C 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5₁ PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETION OATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 328 Continued From page 191 F 328 to prescribed rate and check rate of flow." No further information was provided prior to exit. (1) "Oxygen therapy may help you function better and be more active. Oxygen is supplied in a metal cylinder or other container. It flows through a tube and is delivered to your lungs in one of the following ways...Through a nasal cannula, which consists of two small plastic tubes, or prongs, that are placed in both nostrils." This information is taken from the website http://www.nhlbi.nih.gov/health/health-topics/topic s/oxt. According to Fundamentals of Nursing, Perry and Potter, 6th edition, page 1122, "Oxygen should be treated as a drug. It has dangerous side effects, such as atelectasis or oxygen toxicity. As with any drug, the dosage or concentration of oxygen should be continuously monitored. The nurse should routinely check the physician's orders to verify that the client is receiving the prescribed oxygen concentration. The six rights of medication administration also pertain to oxygen administration." F 329 483.45(d) DRUG REGIMEN IS FREE FROM F 329 t. Resident #9 and #11 will have nonpharma-**UNNECESSARY DRUGS** SS=D logical interventions attempted with document-03/01/t7 ation in the progress note to support this prior to the administration of PRN medications. (d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary 2 A 100% audit of PRN medications and chart drugs. An unnecessary drug is any drug when documentation for non-pharmacological inter-03/22/17 ventions has been completed by the ADON used-and Unit Managers.

(2) For excessive duration; or

therapy); or

(1) In excessive dose (including duplicate drug

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495358	B. WNG			C 02/28/2017	
	ROVIDER OR SUPPLIER	CORRECTED COPY		8	TREET ADDRESS, CITY, STATE, ZIP CODE 830 VIRGINIA STREET MELIA, VA 23002	, 02	20/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		IX5I COMPLETION DATE
II	(3) Without adequate (4) Without adequate (5) In the presence of which indicate the dod discontinued; or (6) Any combinations paragraphs (d)(1) the This REQUIREMENT by: Based on staff interview, and clinical redetermined that facility drug regimen must be drugs for two of 26 resample, Resident #9 1. For Resident #9, fanon-pharmacological administration of PRN 0.25 mg (milligrams) 12. On 1/20/17, the fa	e monitoring; or indications for its use; or f adverse consequences se should be reduced or s of the reasons stated in ough (5) of this section. is not met as evidenced iew, facility document ecord review, it was by staff failed to ensure a e free from unnecessary sidents in the survey and #11. acility staff failed to attempt interventions prior to the N (as needed) Xanax [1] on 1/21/17. cility staff administered 1 without documenting the attempting interventions prior to	F	329	DEFICIENCY)	v the	03/29/17
	9/21/15 with diagnose limited to major depre inflammation respons hypothyroidism, high						

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Event ID: 520X tt

Facility ID: VA0002

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CENTER	S FOR MEDICARE & !	MEDICAID SERVICES					0. 0938-0391
	DF OEFICIENCIES FCORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) OATE	SURVEY PLETEO
		495358	B. WING				C /28/2017
NAME OF P	ROVIOER OR SUPPLIER			ST	REET ACORESS, CITY, STATE, ZIP COOE	***	
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AMELIAN	URSING CENTER	CORRECTED COPY		IA.	MEL A, VA 23002		
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F 329	assessment with an A date) of 12/16/16. Re being cognitively interdecisions scoring 14 of Interview for Mental S was coded as being in (Activities of Daily Livi ambulation, locomotio limited assistance with Review of Resident #S Sheet) dated 12/2016 order: "Xanax (alpraz 0.25 mg (milligrams): "Special Instructions: F-PRN (as needed)." T7/11/16. Review of Resident #S February 2017 MAR (IRecord) revealed that Xanax prn on 1/21/17 03:06p.m. The followi "Reasons/Comments: 01/21/17 03:06 PM, Pl Issue. Comment: Anxi Documentation of non interventions attempte	n data set) was a quarterly IRD (assessment reference is ident #9 was coded as et in the ability to make daily but of 15 on the BIMS (Brief tatus) exam. Resident #9 independent with most ADLS ing) including transfers, in, eating, and hygiene; and in bathing. B's POS (Physician Order , documented the following olam) -Schedule IV tablet; ONE TAB (tablet); oral PRN for Anxiety. Twice a day this order was imitated on B's January 2017 and Medication Administration Resident #9 received at 6:38 p.m. and 2/15/17 at ing was documented under RN Reason: Behavior ety. RN Reason: Behavior ety." -pharmacological d prior to the administration ot be found in the clinical	F	329			

conducted with LPN (licensed practical nurse) #4. When asked about the process followed by staff, prior to administering a prn anti-anxiety agent,

CENTER	S FOR WEDICARE &	MEDICAID SERVICES				OMB N	<u>O. 0938-</u> 0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 329] Continued From page	a 10/		220			
20	LPN #4 stated that sh		l F	329			
		interventions prior to the					
		dication. LPN #4 stated that					
		oving the resident to a					
		ection. When asked if					
		interventions should be					
		nical record, LPN #4 stated,					
		ould be in the nurse's notes."					
		e note would include all					
	interventions that wer	e done. LPN #4 confirmed					
	that she could not find						
	non-pharmacological	interventions attempted					
	· ·	ation of Xanax on 1/21/17					
İ		stated that she was not the		1			
	nurse who administer	ed the Xanax on both days.		İ			
	On 2/27/17 at 10:58 a	a.m., an interview was					
		[‡] 2, the unit manager. When		l			
		ess followed by staff, prior to		- 1			
		nti-anxiety medication, LPN	İ				,
		uld generally try to calm the					
	resident down by redi						
		interventions. LPN #2		- 1			1
		document interventions					1
	attempted in the nurse		1				
		interventions were not					
	effective, she would the	nen try medication.					
	On 2/27/17 at 4:43 p.r	m., an interview was					
	conducted with LPN#	5, the nurse who					1 1
		ax on 1/21/17 and 2/15/17.					[
		e attempts redirection with					
	other activities if a res	•					
	behavior prior to the a	•					
	anti-anxiety medicatio						1
		l anywhere, LPN #5 stated,					
	"I try to in the nurse's					ļ	
ĺ	remember." When as	ked about the behaviors	1			i	1

Resident #9 exhibits, LPN #5 stated that Resident

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	LPN #5 stated that attempt non-pharma Resident #9 on 2/15 was not effective. Let to document that no interventions were a stated that she did non-pharmacological Con 2/27/17 at 5:50 pstaff member) #1, the DON (Director of the above concerns the facility policy title Administration did non-pharmacological administration of profile in the DON (Director of the above concerns the facility policy title Administration of profile in the policy title Administration of profile in the policy title Administration of profile in the policy title Administration of profile in the policy title Administration of profile in the policy title Administration of profile in the policy title Administration of profile in the policy title in	ous and agitated but it is rare. She remembered she did acological interventions for 1/17 by re-directing her and it PN #5 stated that she forgot in-pharmacological attempted that day. LPN #5 not remember trying all interventions on 1/21/17. D.m., ASM (administrative ee administrator and ASM #2, if Nursing) were made aware ins. ed, "Protocol for Medication and address all interventions prior to the anti-anxiety medications. In was presented prior to exit. elieve symptoms of anxiety in some patients. This sined from The National anih.gov/pubmedhealth/PMH retails. ecility staff administered 11 without documenting the attempting 1 interventions prior to	F	329		
i		Imitted to the facility on cently readmitted on 7/12/15				

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	high blood pressure, a most recent MDS (mi assessment with an a of 1/6/17, Resident # severely impaired for was coded as having during four to six days He was coded as hav medications during eaperiod. A review of Resident a revealed the following signed by the physicia (haloperidol lactate) apper milliliter); amt (amuse A review of the MAR (record) revealed that administered the med 1/20/17 as ordered. A review of the MAR of record as ordered. A review of Resident # for Resident #11 revealed that a review of the MAR of record as ordered. A review of Resident # for Resident # for Resident # following: attempt to resolve are abusive during care, e back later to finish; enstaff, and other reside behavior; remove reside the several remove reside the remove resident remove resident remove resident remove resident remove resident remove resident remove remove resident remove resident remove remove resident remove remove resident remove resident remove re	ing, but not limited to ors, chronic kidney disease, and depression. On the nimum data set), an annual issessment reference date 11 was coded as being making daily decisions. He demonstrated behaviors is of the look back period, ing received antipsychotic each day of the look back with 1's clinical record order dated 1/20/17 and in on 1/20/17: "Haldol polution: 5 mg/ml (milligrams ount): ONE MG injection." medication administration the facility staff ication to Resident #11 on	F 32	29		

On 2/23/17 at 11:15 a.m., LPN (licensed practical

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 329	nurse) #13 was intervasked about the proceadministering an as-nedication to a reside would first try to do so She stated she would offer a snack, or offer resident in an attempt stop the negative behinjection of Haldol is a behaviors, LPN #13 sometimes." When as documentation is requas-needed injectable #13 stated: "You shouthe resident is doing, then you should document the medication, if it he the 1/20/17 order for Hanuary MAR, and the surrounding 1/20/17, I didn't do any of that. I don't really remethave." On 2/23/17 at 4:40 p.r staff member) #1, the the director of nursing concerns. A review of the facility "Psychotropic Medication, if resident is director of nursing concerns."	iewed. LPN # 13 was ess followed by staff prior to eeded psychoactive ent. LPN #13 stated: "We ome form of redirection." I attempt one-on-one care, some sort of activity to the it to redirect the resident and avior. When asked if an in preferred medication for tated: "Not always, but sked what kind of uired when staff administers Haldol to a resident, LPN uld document exactly what why they need the Haldol. ument what kinds of things rave the medication. Then how the resident reacts to eliped or not." When shown Haldol, Resident #13's enurses' notes for the dates LPN #13 stated: "I guess I I'm not sure what was going ember. I can't say. I should m., ASM (administrative administrator, and ASM #2, , were informed of these policy entitled tion Protocol" revealed, in the Primary Care Physician int's need for the use of ons. Nursing monitors the dverse effects such as	F	329			

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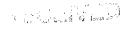
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	target behaviors on exception." A review of the facili Monitoring Program' following: "Physicia the cause prior to us consider the exampl drug therapy for beh only option lowest draw the following: "PRN charted with initials, corner of the box. Trequire an accompanied in the following: "PRN charted with initials, corner of the box. Trequire an accompanied in the following is a so the difference between all and things or ide Haloperidol is also us (uncontrollable need movements) and verto repeat sounds or who have Tourette's characterized by modis also used to treat such as explosive, as hyperactivity in childrich.	Il monitor the presence of a daily basis charting by Ity policy entitled "Behavior" revealed, in part, the nor Clinician should identify sing medication. Staff should es listed prior to initiation of aviors. When medication is osage should be considered." Ity policy entitled edications" revealed, in part, (as needed) medication is and time is given in the he following situations nying note: behavior Il psychotropic." In was provided prior to exit. It is determined to treat psychotic is that cause difficulty telling en things or ideas that are east that are not real). Seed to control motor tics to repeat certain body bal tics (uncontrollable need words) in adults and children	FS	329			
j	Haloperidol is in a gri conventional antipsyd decreasing abnormal	•					

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Event ID:520X11

Facility ID: VA0002

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMBN	IO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
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F 329	Continued From page brainIMPORTANT shown that older adult disorder that affects to clearly, communicate and that may cause of personality) who take for mental illness) surincreased chance of Haloperidol is not app Administration (FDA) behavior problems in This information is taken the continued of the contin	WARNING: Studies have lts with dementia (a brain he ability to remember, think and perform daily activities changes in mood and antipsychotics (medications that haloperidol have an death during treatment broved by the Food and Drug for the treatment of older adults with dementia."	F	3329	CROSS-REFERENCED TO THE APPRODE DEFICIENCY)		DATE
F 371 SS=E	considered satisfactor authorities. (i) This may include for from local producers, and local laws or regulation of the folial street, and local laws or regulation of the facilities from using progradens, subject to consider growing and food (iii) This provision does from consuming foods (i)(2) - Store, prepare,	erve - Sanitary from sources approved or ry by federal, state or local frod items obtained directly subject to applicable State fulations. In some prohibit or prevent froduce grown in facility compliance with applicable	F	371	1. Pan rack has been implemented to pans to air dry before storage. 2. A sanitation audit was completed to Registered Dietitian to include all indeareas. 3. Dietary Manager reeducated all distaff on 2-21-17 and 2-22-17, contemproper drying and storage of pans. 4. Dietary Manager or designee will and document on daily checklist. San audits will be completed quarterly and reviewed by Quality Assurance Comp	etary t included monitor itation	02/21/17 02/21/17 02/21/17 02/22/17

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(i)(3) Have a policy regarding use and storage of

Event ID: 520X11

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CENTERS FOR MEDICARE &	MEDICAID SERVICES					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DAT	TE SURVEY	
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		883	0 VIRGINIA STREET			
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visitors to ensure saft handling, and consult This REQUIREMENT by: Based on observation document review, it was facility staff failed to was a sanitary manner. The facility staff failed dry, and stacked the the other. On observe water droplets on all the findings include: On 2/21/17 at 1:25 p. of the kitchen. The suthe observation by Othe dietary manager. three of five full size sone on top of the other with water droplets on inside. The surveyor half-size steam table the other. The pans of droplets on both the observed with water of observed with water of and the inside. On 2/21/17 at 1:25 p. about the stacked which stacked which was droplets on both the observed with water of and the inside.	dents by family and other e and sanitary storage, mption. I is not met as evidenced on, staff interview and facility was determined that the wash and store cookware in I to allow cookware to air wet cookware one on top of ation, the cookware had	F 371				

indicated that the pans had not been allowed to

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		495358	B. WING			C	
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SS=E	water could be a place A review of the facility Dishes - Manual Dishithe following: "Allow dishes in a single layed dishes to be sure they storing." No further information On 2/23/17 at 4:40 p.r. staff member) #1, the the director of nursing concerns. 483.35(d)(7) NURSE, REVIEW-12 HR/YR IN (d)(7) Regular In-Serv The facility must compof every nurse aide at months, and must proeducation based on the reviews. In-service trarequirements of §483. This REQUIREMENT by: Based on staff interviewers, it was determined to ensure that 29 (Certified Nursing Assisthe required minimum anniversary to anniver	ng stored. She stated the e for bacteria to grow. I policy entitled "Cleaning washing" revealed, in part, dishes to air dry. Invert er to air dry. Check all vare clean and dry prior to was provided prior to exit. III., ASM (administrative administrator, and ASM #2, were informed of these AIDE PERFORM NSERVICE ice Education Delete a performance review least once every 12 vide regular in-service to outcome of these enining must comply with the 95(g). is not met as evidenced ew and facility document med that the facility staff 9 out of 51 facility CNA's istant) on payroll received 12 hours per year (from		497	1. The ADON is working to complete the 12 hours of inservice training for the C.N.A's cited in the 2567. Lecture and online educatis being used. 2. A 100% review of all currently employed C.N.A's with their inservice records has bee completed. 3. The ADON, who is in charge of the C.N.A inservices, has been instructed in the guide for C.N.A. education. There are mandatory inservices as well as inservices based on th C.N.A performance reviews. The timeframe is from hire date to 12 month review date. The C.N.A inservice schedule will be set up a monthly basis with all C.N.A's listed by Hir date and required inservices. 4. The DON will monitor the inservice schedule monthly and report to the QA Comittee quarterly	n Line e e on	03/22/17 03/30/17 03/30/17

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STATEMENT	OF OFFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATI	O. 0938-0391 E SURVEY IPLETED
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F 497	Continued From page	202	F	497			
	The findings include:						
	education logs for 201	of the CNA's continuing I5 and 2016 was conducted. revealed the following:					
	9/25/16, CNA #1 had continuing education;	9/25/14. From 9/25/15 to 7 hours and 30 minutes of and 30 minutes thus far r from 9/25/16 to 2/28/17					
	6/21/16, CNA #2 had !	6/21/12. From 6/21/15 to 5 of continuing education; inutes thus far during the /16 to 2/28/17 (day of					
	9/30/16, CNA #3 had 8 continuing education;	9/30/91. From 9/30/15 to 3 hours and 40 minutes of and 1 hour and 15 minutes rent year from 9/30/16 to).					
	12/15/16, CNA#4 had continuing education;	12/15/11. From 12/15/15 to only 50 minutes of and none thus far during 2/15/16 to 2/28/17 (day of					
	10/16/16, CNA #5 had education; and none the	10/16/07. From 10/16/15 to 6 hours of continuing hus far during the current 2/28/17 (day of survey).					
	CNA #6 was hired on 4 4/2/16, CNA #6 had 9 l	1/2/15. From 4/2/15 to hours and 10 minutes of					

continuing education; and 1 hour thus far during

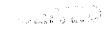
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	ROVIDER OR SUPPLIER	CORRECTED COPY		8830 VI	T ADDRESS, CITY, STATE, ZIP CODE IRGINIA STREET IA, VA 23002	102.	/28/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		IX5) COMPLETION OATE
	survey). CNA #7 was hired on 5/25/16, CNA #7 had education; and 3 hour during the current year (day of survey). CNA #8 was hired on 6/6/16, CNA #8 had 9 continuing education; during the current year (day of survey). CNA #9 was hired on 7/21/16, CNA #9 had continuing education; the current year from survey). CNA #10 was hired on 10/3/16, CNA #10 had continuing education; thus far during the cur 2/28/17 (day of survey) CNA #11 was hired or 4/30/16, CNA #11 had continuing education; minutes thus far durin 4/30/16 to 2/28/17 (day of survey) CNA #12 was hired or 2/26/16, CNA #12 had education; and 8 hour current year from 2/26 survey) (For CNA #12	4/2/16 to 2/28/17 (day of 5/25/05. From 5/25/15 to 3 hours of continuing rs and 25 minutes thus far ar from 5/25/16 to 2/28/17 6/6/04. From 6/6/15 to hours and 50 minutes of and 30 minutes thus far ar from 6/6/16 to 2/28/17 7/21/15. From 7/21/15 to 10 hours and 15 minutes of and none thus far during 7/21/16 to 2/28/17 (day of 10/3/13. From 10/3/15 to 4 hours and 40 minutes of and 1 hour and 15 minutes of and 1 hour and 15 minutes of and 1 hours and 40 minutes of and 1 hours and 40 minutes of and 11 hours and 35 g the current year from	F	497			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:520X11

Facility ID: VA0002

If continuation sheet Page 204 of 225



CENTER	S FOR MEDICARE &	MEDICAID SERVICES				1		0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495358	B. WING				C 02/2	8/2017
	ROVIDER OR SUPPLIER	CORRECTED COPY	•	8830	EET ADDRESS, CITY, STATE, ZIP COD O VIRGINIA STREET E LIA, VA 23002	ΣE	02/2	5/2017
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	education.) CNA #13 was hired of 5/14/16, CNA #13 had education; and 4 hour year from 5/14/16 to 2 CNA #14 was hired of to 10/17/16, CNA #14 of continuing education the current year from survey). CNA #15 was hired or 2/28/17 (day of survey of employment during 10 hours of continuing CNA #16 was hired or 1/31/16, CNA #16 had education; and 2 hour current year from 1/31 survey). (For CNA #1 the current anniversar years of less than 12 heducation.) CNA #17 was hired on to 12/27/16, CNA #17 minutes of continuing far during the current years of survey. (CNA #17 was hired on to 12/27/16, CNA #17 was hired on to 12/27/16, CNA #17 was hired on to 12/28/17 (day of survey).	hours per year of continuing n 5/14/09. From 5/14/15 to d 3 hours of continuing rs thus far during the current 2/28/17 (day of survey). n 10/17/14. From 10/17/15 had 5 hours and 5 minutes on; and none thus far during 10/17/16 to 2/28/17 (day of n 2/25/16. From 2/25/16 to or, reflecting 1 complete year the survey) CNA #15 had g education. n 1/31/09. From 1/31/15 to d no hours of continuing s and 35 minutes during the /16 to 2/28/17 (day of 6, the survey date was after y date, indicating 2 full hours per year of continuing n 12/27/02. From 12/27/15 had 4 hours and 35 education; and none thus year from 12/27/16 to	F	497				
	continuing education; a minutes thus far during 7/24/16 to 2/28/17 (day	the current year from						

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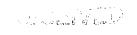
STATEMENT OF OEFICIENCIES ANO PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILOING			(X3) DATE SURVEY COMPLETEO	
		495358	B. WING_				C /28/20 17
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F 497	1/20/16, CNA #20 ha continuing education; current year from 1/2 survey). (For CNA #2 the current anniversal years of less than 12 education.) CNA #21 was hired of 9/15/16, CNA #21 ha continuing education; the current year from survey). CNA #22 was hired of 1/25/16, CNA #22 had education; for the anniversal education; for the anniversal education; for the anniversal education; continuing education. CNA #23 was hired of 1/3/16, CNA #23 had continuing education; minutes during the curling the curling 1/3/16 to 1/3/17. (For 2/28/17 was after the indicating 2 full years year of continuing education; and 2 hour during the current year (For CNA #24, the sur	an 1/20/03. From 1/20/15 to d 2 hours and 30 minutes of and 6 hours during the 0/16 to 2/28/17 (day of 20, the survey date was after ry date, indicating 2 full hours per year of continuing an 9/15/11. From 9/15/15 to d 7 hours and 30 minutes of and none thus far during 9/15/16 to 2/28/17 (day of an 1/25/08. From 1/25/15 to d 7 hours continuing niversary year of 1/25/16 to d 7 hours continuing niversary year of 1/25/16 to d 7 hours and 40 minutes of and 10 hours and 55 rrent anniversary year from CNA #23, the survey date current anniversary date, of less than 12 hours per ucation.) In 12/2/90. From 12/2/14 to d 2 hours of continuing and 5 minutes thus far from 12/2/15 to 12/2/16. In the anniversary date, of less than 12 hours per ucation.	F	197			

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Event IO: 520X11

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STATEMENT OF OEFICIENCIES ANO PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILOING				(X3) OATE SURVEY COMPLETEO	
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	PROVIOER OR SUPPLIER	CORRECTED COPY		STREE 8830 V	TAOORESS, CITY, STATE, ZIP COOE IRGINIA STREET JA, VA 23002	102	2/28/2017	
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F 497	3/7/16, CNA #25 h continuing education thus far during the 2/28/17 (day of sure CNA #26 was hired 7/31/16, CNA #26 to continuing education the current year from survey). CNA #27 was hired to 12/12/16, CNA # minutes of continuing and the current year from survey). CNA #28 was hired 6/20/16, CNA #28 was hired 6/20/16, CNA #28 was hired for the current year from survey). CNA #29 was hired to 11/12/16, CNA #30 was hired to 11/12/16, CNA #30 was hired 7/16/16, CNA #30 was hired	d on 3/7/12. From 3/7/15 to ad 2 hours and 20 minutes of on; and 2 hours and 5 minutes current year from 3/7/16 to vey). If on 7/31/14. From 7/31/15 to had 7 hours and 20 minutes of on; and 2 hours thus far during m 7/31/16 to 2/28/17 (day of all on 12/12/15 for 12/12/15 for 12/12/15 for 12/12/16 to vey). If on 12/12/12. From 12/12/15 for 12/12/16 to vey). If on 12/12/12. From 12/12/15 for 12/12/16 to vey). If on 12/12/12 from 6/20/15 to had 1 hour and 25 minutes of on; and none thus far during m 6/20/16 to 2/28/17 (day of con 11/12/09. From 11/12/15 for 11/12/09 for 11/12/15 for 11/12/16 to vey).	F	497				

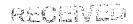
FORM CMS-2567(02-99) Previous Versions Obsolete

conducted with RN #1 (Registered Nurse #1, the

Event IO:520X t1

Facility IO: VA0002

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DEPARTMENT OF HEALTH AND HUMAN VICES
CENTERS FOR MEDICARE & MEDICAID SURVICES

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 502 SS=D	Assistant Director of stated she had been education since about provided a list of 12 if completed each year there was a minimum to be completed by e year. When asked if required continuing e not have one. On 2/28/17 at 2:48 p. was made aware of the information was provisurvey. 483.50(a)(1) ADMINI (a) Laboratory Service (1) The facility must province to meet their facility is responsible of the services. This REQUIREMENT by: Based on staff intervireview, and clinical redetermined that facility physician ordered lab residents in the surve	Nursing / Educator). She in the position of staff at October of 2016 and was seems that needed to be a but was never told that a number of hours that had each CNA each anniversary she had a policy on the ducation, she stated she did act. The Director of Nursing the findings. No further ded by the end of the STRATION the seems of its residents. The for the quality and timeliness is not met as evidenced ew, facility documentation	F 502	1. Resident #6 has had the albumin ledrawn. The physician was made awathe failure to draw this lab on 09/28/10 ordered. New orders were written. 2. A 100% audit of all lab orders with results has been completed by the Ur Managers 3. A daily review by the Unit Manager physicians orders to ensure lab orders been documented in the appropriate at to be drawn as ordered 4. The Unit Managers will report to the Management the labs that were order the results on a weekly basis. The Doreport to the QA committee quarterly.	are of 6 as nit s of a reas ne Risk red and ON will	10/18/16 03/22/17 03/22/17
	Resident #6 was adm	itted to the facility on			ļ	

CENTER	S FOR MEDICARE	<u> MEDICAID S⊨∹VICES</u>			OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495358	B. WING		C 02/28/2047
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F 502	6/28/13 and readmithat included but we cholesterol, CVA (staphasia [2], Multiple mental status. Resi (minimum data set) with an ARD (asses 12/8/16. Resident # cognitively impaired decisions scoring 0/2 interview for mental was coded as requir transfers, dressing, a dependence on staff	tted on 1/5/17 with diagnoses are not limited to high roke), seizure disorder, Sclerosis [3] and altered dent #6's most recent MDS was a quarterly assessment sment reference date) of 6 was coded as being in the ability to make daily tout of 15 on the BIMS (Brief status) exam. Resident #6 ing extensive assistance with and eating, and total	F 502)	
	the following physici "Received Date: 9/2 Order Description: O Frequency Once-Or Per dietary recomme				
	reveal that the Albun Review of Resident is 9/20/16 and updated following intervention 9/20/16 MEDS (med tests)/WEIGHT PER On 2/23/17 at 3:09 p conducted with ASM member) #2, the DO ASM #2 stated, "I co requested on 9/28.	.m., an interview was			

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DEPARTMENT OF HEALTH AND HUMAN ?VICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
		495358	B. WING_			C 02/28/2017		
	ROVIDER OR SUPPLIER	CORRECTED COPY	,	8830 VIR	ADDRESS, CITY, STATE, ZIP CODE IGINIA STREET IN VA 23002			
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F 502	#2 stated, "I don't kn' On 2/27/17 at 10:19 conducted with LPN process of obtaining stated that orders fo the computer system usually draws the lal STAT (immediate lat the laboratory test is box for an outside la and process. LPN # faxed to the facility a aware of the results On 12/27/17 at 12:00 conducted with RN (was asked about the physician ordered la that when a physicia the lab will be put on transcribed onto the resident's labs to be RN #7 stated that Relevel ordered on 9/20 part. RN#7 stated the it to the calendar. On 2/23/17 at 3:09 p staff member) #2, the was made aware of the follow ordered on a standar to minimize errors and On notification of necompletes a laborato	a.m., an interview was #4. When asked about the a laboratory test, LPN #4 r laboratory tests get put into and the UM (unit manager) be on certain lab days or for be). LPN #4 stated that once obtained, it is placed in a boratory company to pick up 4 stated that the results are and the physician is made by nursing staff. 5 p.m., an interview was registered nurse) #7. RN #7 process of obtaining a boratory test. RN #7 stated an orders a lab for a resident, to a list and the list will get laboratory calendar for drawn on that particular day, esident #6's lab (Albumin 8/16) was an oversight on her lat Resident #6 did not make m., ASM (administrative led DON (Director of Nursing)	F	502				

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Event ID: 520X11

Facility ID: VA0002

If continuation sheet Page 2 t0 of 225



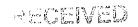
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 502 Continued From page 210 F 502 laboratory order sheet. 3. Nurse checks the appropriate space in front of the correct test. If the ordered laboratory work is not listed on the laboratory order sheet the test (s) is written in the "other" space. Indicate source of specimen. 4. The completed original laboratory order sheet is placed in the area designated at each nursing station." No further information was presented prior to exit. [Albumin]-Is the main protein in blood plasma. Low levels occur in conditions associated with malnutrition, inflammation, liver and kidney diseases. This information was obtained from the National Institutes of Health. https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH T0023211/. [Aphasia]-Aphasia is a disorder caused by damage to the parts of the brain that control language. It can make it hard for you to read. write, and say what you mean to say. It is most common in adults who have had a stroke. Brain tumors, infections, injuries, and dementia can also cause it. This information was obtained from the National Institutes of Health. https://medlineplus.gov/aphasia.html. [Multiple Sclerosis]- Multiple sclerosis (MS) is a nervous system disease that affects your brain and spinal cord. It damages the myelin sheath, the material that surrounds and protects your nerve cells. This damage slows down or blocks messages between your brain and your body, leading to the symptoms of MS. This information was obtained from The National Institutes of Health. https://medlineplus.gov/multiplesclerosis.html.

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DEPARTMENT OF HEALTH AND HUMAN VICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/16/2017 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		E SURVEY PLETED
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F 514 SS=D	LE (i) Medical records.	ETE/ACCURATE/ACCESSIB	F 5 ⁻	1. The nursing staff has been made av Residents #3, #7, and #9 not having do non-pharmalogical interventions prior to ering Ativan and Haldol, Xanax. All Medication are to document non-pharmaloginterventions prior to PRN medication a	cumented administ- licatjon ical	03/1/17
(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented;		2. A 100% audit of PRN medications a documentation for non-pharamlogical in has been completed by the ADON and The Medical records employee will aud improperly filed information.	nd chart terventions Unit Managers	03/22/17		
		All licensed staff has been educated non-pharmalogical interventions and doprior to administering PRN Medications designee.	cumentation	03/29/17		
	(iii) Readily accessible; and (iv) Systematically organized	:	The Medical Records employee has be the importance of correct filing of medic by DON or designee	en instructed of all records.	pn	
	(5) The medical reco(i) Sufficient informat	rd must contain-		4. PRN Mediciation usage and docume reviewed weekly in Risk Management n quarterly in the QA committee metting.	itation will be leeting and	03/22/17
	(ii) A record of the res	sident's assessments;				
	(iii) The comprehensi provided;	ve plan of care and services				
	(iv) The results of any and resident review e determinations condu					
	(v) Physician's, nurse professional's progre	s's, and other licensed ss notes; and				
	services reports as re This REQUIREMENT by:	ogy and other diagnostic equired under §483.50. is not met as evidenced iew, facility document ecord review, it was				

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(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
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staff failed to maintain a eclinical record for three of vey sample, Resident #9, facility staff failed to ecological interventions sion of PRN (as needed) (ligrams) on 2/15/17. If a narcotic log belonging to Resident #9's clinical ed to document enterventions that were inistering Ativan [1] (an en occasions in February en hypnotic medication) on to Resident #3. If the document enterventions that were enterventions that were enterventions that were enterventions that were enterventions that were enterprise for the enterventions that were enterventions that were enterprise to the enterventions that were enterprise to the enterprise to the enterprise to the enterprise to the enterprise to the enterprise to the enterprise to the enterprise to the enterprise to the enterprise to the enterprise to the enterprise to the enterprise enterpr	F	514				
	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 212 y staff failed to maintain a exclinical record for three of vey sample, Resident #9, facility staff failed to exclogical interventions ion of PRN (as needed) Iligrams) on 2/15/17. d a narcotic log belonging or Resident #9's clinical ed to document interventions that were inistering Ativan [1] (an extent occasions in February in hypnotic medication) on to Resident #3. ed to document interventions that were int #7 prior to the intipsychotic medication admitted to the facility on that included but were not sive disorder, systemic syndrome, ood pressure, high pain. Resident #9's most	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495358 B. WING CORRECTED COPY TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) TAG 212 F * staff failed to maintain a e clinical record for three of vey sample, Resident #9, facility staff failed to acological interventions alon of PRN (as needed) Iligrams) on 2/15/17. da narcotic log belonging be Resident #9's clinical ed to document interventions that were inistering Ativan [1] (an en occasions in February in hypnotic medication) on be Resident #3. and to document interventions that were interventions that wer	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495358 B. WING TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 212 Y staff failed to maintain a eclinical record for three of vey sample, Resident #9, facility staff failed to acological interventions ion of PRN (as needed) Iligrams) on 2/15/17. d a narcotic log belonging of Resident #9's clinical ed to document interventions in the twere inistering Ativan [1] (an em occasions in February in hypnotic medication) on on Resident #3. ed to document therventions that were interventions that wer	(X2) MULTIPLE CONSTRUCTION A BUILDING 495358 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA, VA 23002 TEMENT OF DEFICIENCIES IN DEPRECEDED BY FULL SCIDENTIFYING INFORMATION) 212 214 215 staff failed to maintain a a clinical record for three of vey sample, Resident #9, 126 an arcotic log belonging or Resident #9 scilinical 227 ed to document instering Ativan [1] (an an occasions in February in hypotic medication) on or Resident #3. 238 do do document other were instering Ativan [1] (an an occasions in February in the protocome of the protocom	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER 495358 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRCINIA STREET AMELIA, VA 23002 TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) TEMENT OF DEFICIENCY TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 514 F 514 F 514 T 514 T 514 T 515 T 515 T 515 T 516 T 517 T 517 T 518 T 518 T 518 T 519 T	

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DEPARTMENT OF HEALTH AND HUMAN (

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PRINTED: 03/16/2017

DEPART	MENT OF HEALTH AN	ND HUMAN VICES		(:D: 03/16/2017 :MAPPR O VED
CENTER	S FOR MEDICARE &	MEDICAID S⊏RVICES				O. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING	CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		495358	B. WING			C 2 /28/2 017
NAME OF P	PROVIDER OR SUPPLIER		ST	FREET ADDRESS, CITY, STATE, ZIP CODE		
AMELIA N	NURSING CENTER	CORRECTED COPY	1	330 VIRGINIA STREET MELIA, VA 23002		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	DBE	(X5) COMPLETION DATE
F 514			F 514			
	Interview for Mental S was coded as being ir (Activities of Daily Livi ambulation, locomotic limited assistance with Review of Resident #8 Sheet) dated 12/2016 order: "Xanax (alpraz 0.25 mg (milligrams): Special Instructions: F Anxiety. Twice a dayinitiated on 7/11/16. Review of Resident #8 February 2017 MAR (Record) revealed that Xanax prn on 1/21/17 3:06 p.m. The followin "Reasons/Comments: 01/21/17 06:38 PM, Plssue. Comment: Anxi 02/15/17 03:06 PM, Plssue. Comment: Anxi Documentation of non interventions attempte	19's POS (Physician Order B), documented the following zolam) -Schedule IV tablet; ONE TAB (tablet); oral PRN (as needed) for -PRN." This order was 19's January 2017 and (Medication Administration to the Resident #9 received 1 at 6:38 p.m. and 2/15/17 at 1 ng was documented under 1:2 PRN Reason: Behavior 1:2 PRN Reason:				

On 2/27/17 at 10:19 a.m., an interview was conducted with LPN (licensed practical nurse) #4. When asked about the process followed by staff, prior to administering a prn anti-anxiety agent,

non-pharmacological interventions prior to the administration of medication. LPN #4 stated that she would attempt moving the resident to a

LPN #4 stated that she would try any

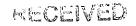
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		1				С		
		495358	B. WING_				/28/2017	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE		20/2017	
A MELLA N	HIDOMO CENTED	CORRECTED CORV		8830 VIRGINIA STREET				
AWELIAN	URSING CENTER	CORRECTED COPY	1	AMELIA, VA 23002				
(X4) ID		STATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN O	F CORRECTION		T IVE	
PREFIX TAG		NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFI) TAG		TION SHOULD BE THE APPROPRIAT		IX5I COMPLETION DATE	
F 514	Continued From pa	ge 214	F 5	514				
	quieter room, or rec	lirection. When asked if					ľ	
		al interventions should be						
		clinical record, LPN #4 stated,						
		hould be in the nurse's notes."						
		the note would include all						
		ere done. LPN #4 confirmed						
		nd notes documenting					Í	
		al interventions attempted						
		ration of Xanax on 1/21/17						
and 2/15/17. LPN #4 stated that she was not the						· .		
	nurse who administ	ered the Xanax on both days.						
		a.m., an interview was						
- 1	conducted with LPN	l #2, the unit manager. When					į	
		cess followed by staff, prior to						
	administering a prn	anti-anxiety medication, LPN						
	#2 stated that she w	ould generally try to calm the					ľ	
	resident down by re-	direction, or other						
		al interventions. LPN #2						
		d document interventions					1	
	attempted in the nur						Ī	
		al interventions were not						
	effective, she would	then try medication.						
	On 2/27/17 at 4:43 p	o.m., an interview was						
	conducted with LPN			ĺ				
		nax on 1/21/17 and 2/15/17.						
	LPN #5 stated that s	the attempts redirection with						
	other activities if a re	esident is exhibiting a				İ		
		administration of prn						
	-	ion. When asked if this					}	
		ed anywhere, LPN #5 stated,				ł	ĺ	
1		s notes, I don't always						
II.		asked about the behaviors					ļ	
		, LPN #5 stated that Resident					- 1	
		ous and agitated but it is rare.				ŀ		
		he remembered she did						
I		cological interventions for				j		
	Resident#9 on 2/15,	/17 by re-directing her and it	1				ļ	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 520X tt

Facility ID: VA0002

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DEPARTMENT OF HEALTH AND HUMAN VICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/16/2017 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL1 A. BUILDII	NSTRUCTION	(X3) DATE: COMPL		
		495358	B. WING _				C 02/28/2017
	ROVIDER OR SUPPLIER	CORRECTED COPY		8830	ET ADDRESS, CITY, STATE, ZIP CODE VIRGINIA STREET L A, VA 23002		1212012017
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	IX5I COMPLETION DATE
F 514	to document that nor interventions were at stated that she did non-pharmacologica. On 2/27/17 at 5:50 p staff member) #1, the the DON (Director of of the above concern. No policy could be promaintaining a complete record. No further imprior to exit. The following quotating Perry's Fundamentals (2005, p.477): "Documentation with interproof for authorized procumentation must comprehensive, and critical data, maintain client outcomes, and nursing practice. Info	PN #5 stated that she forgot in-pharmacological stempted that day. LPN #5 of remember trying linterventions on 1/21/17. Image: ASM (administrative elegadinistrator and ASM #2, Nursing) were made aware is a covided regarding effect and accurate clinical formation was presented elegand in Potter and is of Nursing 6th edition elegand is a record or commentation is anything its relied on as record or corsons. In a client medical record is a gractice. Nursing be accurate, flexible enough to retrieve continuity of care, track reflect current standards of rmation in the client record ecount of the level of quality	F	514			
	and panic disorder in information was obtainstitutes of Health.	ned from The National nih.gov/pubmedhealth/PMH					

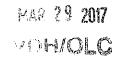
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED			
		495358	B. WING _			C 02/28/2017	
	ROVIDER OR SUPPLIER	CORRECTED COPY	•.	STREET ADDRESS, CITY, STATE, ZIP COD 8830 VIRGINIA STREET AMELIA, VA 23002	DE	02128/20 7	
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(X5) COMPLETION OATE	
F 514	Continued From pa	ge 216	F 5	14			
	b. The facility staff f to another resident record.	īled a narcotic log belonging into Resident#9's clinical					
Review of Resident #9's clinical record revealed a completed narcotic log for Oxycodone HCL [1] that belonged to a different resident.							
	On 12/27/17 at 12:05 p.m., an interview was conducted with RN (Registered Nurse) #7. When asked who was responsible for filing narcotic logs, RN #7 stated that medical records (CNA #28) would collect all completed logs and file them into the clinical record. RN #7 stated that it was never ok to have information on a resident in a different resident's clinical record.						
	CNA #28 could not i due to an emergend	be reached for an interview by situation.					
	staff member) #1, th the DON (Director o	p.m., ASM (administrative le administrator, and ASM #2, f Nursing) were made aware ns. No further information to exit.					
	moderate to severe obtained from The N	cotic analgesic used to relieve pain. This information was lational Institutes of Health. n.nih.gov/pubmedhealth/PMH					
	attempted prior to ac	ailed to document I interventions that were Iministering Ativan [1] (an even occasions in February					

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Event ID: 520X11

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DEPARTMENT OF HEALTH AND HUMAN VICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/16/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING				(X3) DATE SURVEY COMPLETED
		495358	8. WING			C 02/29/2047
NAME OF PROVIDER OR SUPPLIER AMELIA NURSING CENTER CORRECTED COPY			STREET ADDRESS, CITY, S 8830 VIRGINIA STREET AMELIA, VA 23002	STATE, ZIP CODE	02/28/2017	
(X4) ID PREFIX TAG	(EACH DEFICIE	/ STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRE	R'S PLAN OF CORRECTION ECTIVE ACTION SHOULD 86 ENCED TO THE APPROPRIA DEFICIENCY)	
F 514	ne occasion 12/2 Resident #3 was a with a readmission that included, but we craniotomy [4] (the bone from the skul blood pressure, apglaucoma (a disea blindness), heart distriction brain injury, and disea blindness), heart distriction from the skul brain injury, and distriction from the section of the sec	2] (an hypnotic medication) on /16 to Resident #3. Idmitted to the facility on 8/9/13 on 4/20/15 with diagnoses were not limited to; left surgical removal of part of the I to expose the brain), high chasia (difficulty with talking), se of the eye causing isease, agitation, a traumatic fficulty swallowing. It recent MDS (minimum data assessment with an ARD ence date) of 1/27/17. Indeed as being unable to on C, Cognitive Patterns, BIMS mental status) and Resident #3 as being severely cognitively the #3 was coded as having ms including "physical ms directed toward others" and symptoms directed toward others and symptoms directed toward naviors were coded as ree days during the 14 day Int #3's clinical record revealed can orders; on (haloperidol lactate) solution: I'ml (milliliters); 1(one) mg; nstructions; One time dose, 30PM. Start Date 12/28/2016, 16. Signed Electronically." I'm - Schedule IV (four) tablet; Administer: ONE TAB. Twice	F	514		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 520X11

Facility ID: VA0002

If continuation sheet Page .2.18.of 225

DEPARTMENT OF HEALTH AND HUMAN ⁽	(/ICES
CENTERS FOR MEDICARE & MEDICAID	CEDVICES.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495358	B. WING		С
NAME OF PROVIDER OR SUPPLIE	t		STREET ADDRESS, CITY, STATE, ZIP CODE	02/28/2017
AMELIA NURSING CENTER CORRECTED COPY			8830 VIRGINIA STREET AMELIA, VA 23002	
PREFIX (EACH DEFIC	RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 514 Continued From	page 218	F 51	4	
combativeness. Open Ended."	Start /End Date: 9/29/20214 -	i		
reveal any documenon-pharmacological administering Attention administering Attention and the second administer at 2:53 AM and 4 2/12/17 at 1:50 And at 7:47 AM" A review of Reside plan dated 8/9/20 review / revise date the following documents of the following docu	dent #3's clinical record did not nentation regarding gical interventions prior to van and Haldol on the following ared on 12/2/16 at 6:39 PM ared on 2/3/17 at 1:43 PM; 2/4/17:07 PM; 2/5/17 at 4:22 PM; M; 2/16/17 at 7:05 AM; 2/21/17 dent #3's comprehensive care 13 (date of admission) and a ate of 2/1/2017 revealed, in part, amentation; "Problem: Problem 17. Category: Behavioral injury from ATV (all-terrain in 2013. Can get agitated and eduring care. Very confused. A to self and staff daring es. Receives psychotropic [3] ation that alters chemical levels ating mood and behavior) med and receives anxiety med PRN. Affective at times but not always. Portive. Has had increased ativeness with staff; has had aff hurting a staff member. Resident's behavior by ity attendance. MD (medical in (pharmacy) to review drug and PRN; Monitor for drugs and PRN; Mo			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 520X11

Facility ID: VA0002

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MAR 29 2017 *OH/OLC DEPARTMENT OF HEALTH AND HUMAN VICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/16/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495358	B. WING_	B. WING		C 02/28/201 7	
NAME OF PROVIDER OR SUPPLIER AMELIA NURSING CENTER CORRECTED COPY			STREET ADDRESS, CITY, STATE, ZIP CODI 8830 VIRGINIA STREET AMELIA, VA 23002	Ē	02/26/2017		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF COI X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE		
	socially inappropriate measures for basic n toileting, too hot / cold On 2/22/17 at 1:50 p. conducted with LPN (the unit manager. LP the process for admir when a resident was combativeness during that she would try nor approaches and if the administer prn medical was asked whether on non-pharmacological documented anywher would document the amedication in the MAF record) and any non-pinterventions would be progress notes. On 2/27/17 at 10:10 a conducted with LPN # describe the process administering a prn ar #4 stated, "If the reside move them from the stry other interventions before giving a prn measked if the intervention documented in the nur #4 stated that she would take that Resident #3 and Haldol and was as	le. When resident becomes I disruptive, provide comfort eeds (e.g., pain, hunger, d, etc.)." m. an interview was licensed practical nurse) #2, N #2 was asked to describe histering a prn medication demonstrating behaviors/ g ADL care. LPN #2 stated h-pharmacological ey did not work she would ations as ordered. LPN #2 I not the approaches were le. LPN #2 stated that they administration of the R (medication admission charmacological e documented in the nursing l.m. an interview was 44. LPN #4 was asked to	F	514			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID; 520X11

Facility ID: VA0002

If continuation sheet Rage 220 of 225

MAP 29 2017

SATEMENT OF DEFICIENCIES IDENTIFICATION NAMES: AND PLAN OF CORRECTION A SULUPING SINCET ALORSES, GITY, STATE, 2IP OCCE \$30 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY STREET ALORSES, GITY, STATE, 2IP OCCE \$30 VIRGINIA STREET AMELIA, VA 2002 [AND DESCRIPTION OF LIGHT STREET STREET STREET ALORSES, GITY, STATE, 2IP OCCE \$30 VIRGINIA STREET AMELIA, VA 2002 [AND DESCRIPTION OF LIGHT STREET STREET STREET STREET ALORSES, GITY, STATE, 2IP OCCE \$30 VIRGINIA STREET AMELIA, VA 2002 [AND DESCRIPTION OF LIGHT STREET STREET STREET STREET ALORSES, GITY, STATE, 2IP OCCE \$30 VIRGINIA STREET AMELIA, VA 2002 [AND DESCRIPTION OF LIGHT STREET S	CENTERS FOR MEDICARE & MEDICAID SERVICES		MEDICAID SERVICES			OMB N	IO. 0938-0391		
AMELIA NURSING CENTER AMELIA NURSING CENTER CORRECTED COPY SIJAMARY STATEMENT OF DEPOSITIONS BS30 VIRGINIA STREET ADDRESS, CITY, STATE, ZIP CODE BS30 VIRGINIA STREET AMELIA, VA. 23002	(1.7 1.10 1.0 L.1 1.0			1		(X3) DA1	. ,		
NAME OF PROVIDER OR SUPPLIER AMELIA NURSING CENTER CORRECTED COPY SIMMARY STATEMENT OF DEFICIENCIES (EXAL DEFICIENCY BUST EN PRECIDED BY FULL PREFIX PAGE IN PROVIDER'S PLAN OF CORRECTION (EXAL DEFICIENCY BUST EN PRECIDED BY FULL PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE COROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) F 514 Continued From page 220 On 2/27/16 at 10::55 a.m. an interview was conducted with LPM #2, the unit manager. LPN #2 was asked where the documentation would be found indicating the non-pharmacological interventions attempted prior to administering Ativan and Haldol to Resident #3. LPN #2 stated, "It's though be documented in the progress notes, what they tried to do." LPN #2 stated that he (Resident #3) behaviors. LPN #8 was asked about Resident #3's behaviors. LPN #8 stated that he (Resident #3) could become combative and agitated. LPN #8 was saked about Resident became combative/agitated. LPN #8 stated, "I provide non-pharmacological interventions prior to administering a medication. I provide one to one, he (Resident #3) likes coloring books and to watch television. I always try those distractions before going to the medication." LPN #8 reviewed the MAR and the progress notes for the dates above, LPN #8 stated, "It's just not documented, I should have done it." LPN #8 (Inther stated, "Documentation for non-pharmacological interventions is not consistently evident for February." On 2/27/17 at 5.50 p.m. an end of the day meeting was conducted with ASM (administrative			405050				С		
AMELIA NURSING CENTER CORRECTED COPY SIMMARY STATEMENT OF DEPICIPACIES PROFITE AMELIA, VA. 23002			B. WING			2/28/201 7			
(X4) D SUMMARY STATEMENT OF PRICINCIES (RACH IDEFICIENCY MUST BE PRECEDED BY FULL REGULATION OR LSC IDENTIFYING INFORMATION) F 514 Continued From page 220 On 2/27/16 at 10:55 a.m. an interview was conducted with LPN #2, the unit manager. LPN #2 was asked where the documentation would be found indicating the non-pharmacological interventions attempted prior to administering At twan and Haldful to Resident #3. LPN #2 stated, "It should be documented in the progress notes, what they tried to do." LPN #2 reviewed Resident #3 shehavior monitoring documentation for the dates provided. LPN #2 stated, "We should have documented the interventions." On 2/27/17 at 1:35 p.m. an interview was conducted with LPN #8. LPN #8 stated, "We should have documented the interventions." On 2/27/17 at 1:35 p.m. an interview was conducted with LPN #8 was asked about Resident #35 behaviors. LPN #8 stated that he (Resident #3) could become combative and agitated. LPN #8 was asked what she did when the resident became combative/agitated. LPN #8 stated, "Iprovide one-pharmacological interventions prior to administering a medication. I provide one to one, he (Resident #3) likes coloring books and to watch television. I always try those distractions before going to the medication." LPN #8 reviewed the MAR and the progress notes for the dates above. LPN #8 stated, "It's just not documented, I should have done it." LPN #8 further stated, "Documentation for non-pharmacological interventions is not consistently evident for February." On 2/27/17 at 5:50 p.m. an end of the day meeting was conducted with ASM (administrative)	NAME OF P	ROVIDER OR SUPPLIER							
PREFIX TAG REGULATORY OR LIST DEPTIFYING INFORMATION) F 514 Continued From page 220 On 2/27/16 at 10::55 a.m. an interview was conducted with LPN #2, the unit manager. LPN #2 was asked where the documentation would be found indicating the non-pharmacological interventions attempted prior to administering Ativan and Haldol to Resident #3. LPN #2 stated, "It should be documented in the progress notes, what they tried to do "LPN #2 reviewed Resident #3's behavior monitoring documentation for the dates provided. LPN #8 stated, "We should have documented the interventions." On 2/27/17 at 1:35 p.m. an interview was conducted with LPN #8. LPN #8 was asked about Resident #3's behaviors. LPN #8 stated that the (Resident #3) could become combative and agitated. LPN #8 was asked what she did when the resident became combative and agitated. LPN #8 was asked what she did when the resident became combative and agitated. LPN #8 stated, "It provide one-pharmacological interventions prior to administering a medication. I provide one to one, he (Resident #3) likes coloring books and to watch television. I always try those distractions before going to the medication." LPN #8 reviewed Resident had the progress notes for the dates above. LPN #8 stated, "It's just not documented, I should have done it." LPN #8 firther stated, "Occumentation for non-pharmacological interventions is not consistently evident for February." On 2/27/17 at 5:50 p.m. an end of the day meeting was conducted with ASM (administrative)	AMELIA N	JURSING CENTER	CORRECTED COPY						
On 2/27/16 at 10::55 a.m. an interview was conducted with LPN #2, the unit manager. LPN #2 was asked where the documentation would be found indicating the non-pharmacological interventions attempted prior to administering Ativan and Haldol to Resident #3. LPN #2 stated, "It should be documented in the progress notes, what they tried to do." LPN #2 reviewed Resident #3's behavior monitoring documentation for the dates provided. LPN #2 stated, "We should have documented the interventions." On 2/27/17 at 1:35 p.m. an interview was conducted with LPN #8. LPN #8 was asked about Resident #3's behaviors. LPN #8 stated that he (Resident #3) could become combative and agitated. LPN #8 was asked what she did when the resident became combative/agitated. LPN #8 stated, "Ip rovide non-pharmacological interventions prior to administering a medication. I provide one to one, he (Resident #3) likes coloring books and to watch television. I always try those distractions before going to the medication." LPN #8 reviewed the MAR and the progress notes for the dates above. LPN #8 stated, "It's just not documented, I should have done it." LPN #8 further stated, "Documentation for non-pharmacological interventions is not consistently evident for February." On 2/27/17 at 5:50 p.m. an end of the day meeting was conducted with ASM (administrative	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFI	X (EACH CORRECTIVE AND CROSS-REFERENCED TO	CTION SHOULD BE O THE APPROPRIATE	COMPLETION		
director of nursing, LPN #2, the north wing unit manager, OSM (other staff member) #4, the dietary manager, OSM #7, the business manager		On 2/27/16 at 10::55 conducted with LPN #2 was asked where found indicating the rinterventions attempt Ativan and Haldol to "It should be docume what they tried to do. #3's behavior monito dates provided. LPN documented the inter On 2/27/17 at 1:35 p. conducted with LPN; about Resident #3's at that he (Resident #3's and agitated. LPN #8 when the resident be LPN #8 stated, "I provinterventions prior to I provide one to one, coloring books and to try those distractions medication." LPN #8 progress notes for the stated, "It's just not do done it." LPN #8 furtifor non-pharmacologic consistently evident for On 2/27/17 at 5:50 p.1 meeting was conducted staff member) #1, the director of nursing, LF manager, OSM (other	a.m. an interview was #2, the unit manager. LPN the documentation would be non-pharmacological ted prior to administering Resident #3. LPN #2 stated, ented in the progress notes, " LPN #2 reviewed Resident ring documentation for the I #2 stated, "We should have rentions." m. an interview was #8. LPN #8 was asked behaviors. LPN #8 stated could become combative 8 was asked what she did came combative/agitated. vide non-pharmacological administering a medication. he (Resident #3) likes watch television. I always before going to the reviewed the MAR and the endates above. LPN #8 becumented, I should have the stated, "Documentation cal interventions is not or February." m. an end of the day end with ASM (administrative administrator, ASM #2, the PN #2, the north wing unit r staff member) #4, the	F					

concern. A policy was requested at this time that

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES	· · · · · · · · · · · · · · · · · · ·			(OMB NO	D. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495358	B. WING_					C /28/2017
NAME OF P	ROVIDER OR SUPPLIER	•		STRE	ET ADDRESS, CITY, STATE, ZIP CODE	<u>-</u>	<u> </u>	20/2011
				8830	VIRGINIA STREET			
AMELIAN	URSING CENTER	CORRECTED COPY			ELIA, VA 23002			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULDBE	īE	(X5) COMPLETION DATE
F 514	a similar and troining page	e 221 s for behavior monitoring.	F 5	514				
	Monitoring Program' following documentati Identification of problet assessment 3. Specifinterventions 4. Documentation of intervention 5. Adjusted the following observed results. Document as consequences as well as consequences as well as other reside intervention must be corrected and to all appropriate the resident when home or repetitious tridocument the efficacy intervention."	ion; "Procedures: 1. Imm behavior 2. Resident ic systematic behavior mentation of effectiveness ustments based on umentation should include and duration of behavior as is of behavior for the resident ents. The prescribed communicated in medical opriate staff members e.g. in he claims that he must go ps to bathroom. Staff must of that behavioral						
	[1] Haloperidol (Haldol disorders (conditions to the difference between real and things or idea information was obtain website; https://medlineplus.govtml [2] Lorazepam (Ativan) This information was owebsite;	l) is used to treat psychotic hat cause difficulty telling n things or ideas that are s that are not real). This						

DEPARTMENT OF HEALTH AND HUMAN

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CENTER	RS FOR MEDICARE &	MEDICAID SERVICES			· ·	c	FORM APPROVE MB NO. 0938-039		
STATEMENT OF DEFICIENCIES AND PLAN DF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
		495358	B. WING			ļ	C 02/28/2017		
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CI (EACH CORRECTIVE ACTIO CRDSS-REFERENCED TD THI DEFICIENCY)	N SHDULD BE E APPROPRIAT	(X5) COMPLETION DATE	_	
F 514	Continued From page [3] This information w following website; https://www.nimh.nih. alth-medications/inde; [4] This information w following website;	as obtained from the gov/health/topics/mental-he x.shtml	F	514					
	http://www.hopkinsme cedures/neurological/d 3. The facility staff fail non-pharmacological i attempted with Reside	nterventions that were							
	Resident #7's diagnos limited to: dementia wi Parkinson's disease (3 disorder and history of most recent MDS (min assessment with an Al date) of 12/24/16, cod severely cognitively im	d to the facility on 6/18/15. es included but were not th lewy bodies (2),							
	physician's order dated injection of one milligrate behaviors. A nurse's redocumented, "Resident attempting to hit staff. administered IM (intrare) (9:05 a.m.); med (med) Further review of nurse failed to document staff.	t agitated and was Haldol 1 mg (milligram) nuscular) @ (at) 0905 cation) effective" es' notes dated 1/25/17							

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PRINTED: 03/16/2017

FORM APPROVED

PRINTED: 03/16/2017 DEPARTMENT OF HEALTH AND HUMAN FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED С 495358 B. WING 02/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8830 VIRGINIA STREET AMELIA NURSING CENTER CORRECTED COPY AMELIA, VA 23002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 514 | Continued From page 223 F 514 #7 prior to the administration of Haldol. On 2/23/17 at 2:45 p.m., an interview was conducted with LPN (licensed practical nurse) #11 (the nurse who signed the above note). LPN #11 was asked to describe the interventions provided to a resident who becomes combative. LPN #11 stated she tries to calmly talk to the resident and move the resident to another environment away from other residents. LPN #11 stated if non-pharmacological interventions don't work then staff turns to medication alternatives. LPN #11 stated at times, Resident #7 hits people. LPN #11 stated sometimes the resident will get a look on his face and ball up his fists so she talks to him and asks him if he needs anything. LPN #11 stated she also takes the resident to the medication cart near her and away from other residents, LPN #11 stated a lot of times, this action calms the resident but if not and the resident continues to swing his arms then she calls the physician who orders a one-time dose of Haldol. LPN #11 was asked if she documented the non-pharmacological interventions she tried with Resident #7 prior to the administration of Haldol on 1/25/17. LPN #11 looked at nurse's notes in the computer and stated. "I don't know if I documented what I tried." LPN #11 confirmed the non-pharmacological interventions should have been documented. On 2/27/17 at 3:44 p.m., an interview was

conducted with RN (registered nurse) #5, RN #5

was asked where nurses document non-pharmacological interventions that are attempted prior to the administration of a one-time order of Haldol. RN #5 stated the non-pharmacological interventions should be documented in nurse's notes but probably wasn't

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F 514	Continued From page	224							
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	documented at times.		i	ļ					
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i i	On 2/27/17 at 5:50 p.	m., ASM (administrative							
		administrator) and ASM #2							
		g) were made aware of the							
	above findings.	g, were made aware of are							
	and the innamige.								
	No further information	n was presented prior to exit.							
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